

<b>Referral Made By</b>	<p><b>Referral made by:</b> _____ Phone Number: _____</p> <p>Who to be invited outside of school to SARB other than parents/student?</p> <p>Name: _____ Phone Number: _____</p> <p>Name: _____ Phone Number: _____</p>
<b>Student Information</b>	<p><b>Student's Name:</b> _____ <b>DOB:</b> _____ <b>Age:</b> _____ <b>M/F:</b> _____</p> <p><b>Race:</b> _____ <b>School:</b> _____ <b>Grade:</b> _____</p> <p>Primary language at home: _____</p> <p>Interpreter services needed: <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing-impaired interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>Parent/Guardian Information</b>	<p><b>Mother/Guardian:</b> _____ <b>Custodial Parent:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Address:</b> _____ <b>City:</b> _____</p> <p><b>County:</b> _____ <b>Phone Number:</b> _____</p> <p>Primary language at home: _____</p> <p>Interpreter services needed: <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing-impaired interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p><b>Father/Guardian:</b> _____ <b>Custodial Parent:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Address:</b> _____ <b>City:</b> _____</p> <p><b>County:</b> _____ <b>Phone Number:</b> _____</p> <p>Primary language at home: _____</p> <p>Interpreter services needed: <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing-impaired interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<b>Student Interventions/Concerns</b>	<p>Does this student currently have a probation officer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, who is the probation officer?</p> <p>Is this student currently working with a Mental Health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, who is the student working with?</p> <p>Are there chemical dependency concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, what are the concerns?</p> <p>Is/has the student attended treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, when and where?</p> <p>What other concerns do you have?</p> <p>Have you had a meeting, prior to SARB, to discuss attendance with student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the student working with a school social worker or counselor?</p> <p>Has there been any program/class changes for the student?</p>
<b>Required Information</b>	<p><input type="checkbox"/> This form completed</p> <p>3-day referral has been made <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Current attendance reflecting 5 unexcused absences</p> <p style="text-align: center;"><b>Send all the above to:</b></p> <p style="text-align: center;"><a href="mailto:Robin.Dorf@co.wright.mn.us">Robin.Dorf@co.wright.mn.us</a></p> <p style="text-align: center;"><b>Questions call Robin Dorf, Truancy Case Aide at (763)684-2339</b></p>