

Wright County

2018-2019

5 Day Truancy Referral (**over age 12**)

Step #2

Student Info	<p>Child's Full Name: _____ School: _____</p> <p>Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Does this individual read, speak, and understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, list language: _____</p>
Custodial Parent	<p>Parent/Guardian Name: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: MN Zip Code: _____</p> <p>County: _____ Phone #: _____</p> <p>Does this individual read, speak, and understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, list language: _____</p>
Non-Custodial Parent	<p>Parent/Guardian Name: _____</p> <p>Mailing Address: _____ <input type="checkbox"/> Same address as Custodial Parent</p> <p>City: _____ State: MN Zip Code: _____</p> <p>County: _____ Phone #: _____</p> <p>Does this individual read, speak, and understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, list language: _____</p>
Concerns	<p><input type="checkbox"/> Mental Health <input type="checkbox"/> Parenting Issues</p> <p><input type="checkbox"/> Chemical Dependency <input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Attitude/Ambivalence <input type="checkbox"/> Financial Issues</p> <p><input type="checkbox"/> Probation Officer: <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Family Issues</p>
Intervention	<p>Conference with: <input type="checkbox"/> student and/or <input type="checkbox"/> parents</p> <p>Referred to: <input type="checkbox"/> Psychologist <input type="checkbox"/> Nurse <input type="checkbox"/> Special Ed <input type="checkbox"/> School Counselor</p> <p><input type="checkbox"/> School SW <input type="checkbox"/> Other Therapist <input type="checkbox"/> Other</p> <p>Program/Class Changes: _____</p>
Invite to SARB	<p>Contact at school to schedule SARB meeting: _____ Phone _____</p> <p>If a petition is filed, do you want to be listed as a participant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Others to invite to SARB meeting (inside and outside of school):</p> <p>Name: _____ Contact Phone# _____</p> <p>Name: _____ Contact Phone# _____</p>
Needed Info	<p><input type="checkbox"/> 3 Day Referral has been submitted <input type="checkbox"/> Current attendance <input type="checkbox"/> Letter to parents</p> <p style="text-align: center;">Send all of the above to:</p> <p style="text-align: center;">Email: Robin.Dorf@co.wright.mn.us</p> <p style="text-align: center;">FAX: (763) 682-7701</p> <p style="text-align: center;"><i>WCHHS - Youth Services Unit</i></p> <p style="text-align: center;"><i>Attn: Robin Dorf, Truancy Case Aide</i></p> <p style="text-align: center;">Questions: (763) 684-2339</p>