

**Wright County Health and Human Services
Educational Neglect Five Day Referral Form-Step Two**

Please complete this entire form. Lack of information may cause this referral to be returned for more detail.

Name of Person Making Report:		Date of Report:	
Position: (✓ only one) <input type="checkbox"/> Counselor <input type="checkbox"/> Nurse <input type="checkbox"/> Principal <input type="checkbox"/> SW <input type="checkbox"/> Teacher <input type="checkbox"/> TA <input type="checkbox"/> Other:			
Direct Phone Number:		Identify School:	

Student's Name	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:	Age:	Grade:
Address:	City	State	Zip	

Student's Siblings if any (names, ages, grades & school locations):

Mother's Name	Father's Name
Mother's Address	Father's Address
Mother's Phone Number:	Father's Phone Number:

Student's Legal Custodian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:
Student lives with (✓ all that apply): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:
If Other checked, what are their names, addresses and phone numbers:

Primary language at home:
Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No

Impact on Childs Education (check all that apply and provide a written explanation)

<input type="checkbox"/> Health Issues List diagnosis: Does the student have a 504 in place? <input type="checkbox"/> Yes <input type="checkbox"/> No Other information:
<input type="checkbox"/> Child's Behavior Problems Anxiety related symptoms <input type="checkbox"/> Yes <input type="checkbox"/> No Anti-social <input type="checkbox"/> Yes <input type="checkbox"/> No Attention/concentration problems <input type="checkbox"/> Yes <input type="checkbox"/> No Defiant to others <input type="checkbox"/> Yes <input type="checkbox"/> No Other information:
<input type="checkbox"/> Academic Concerns Change in grades <input type="checkbox"/> Yes <input type="checkbox"/> No Learning disability <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: Does the student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No Other information:

Parental Impact/Other

How have the parent(s) failed to comply with compulsory instruction laws?

List any other concerns in child's life (chemical use, death, divorce, etc.):

School Interventions (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Met with parents regarding attendance | <input type="checkbox"/> School attendance contract with student |
| <input type="checkbox"/> Met with student regarding attendance | <input type="checkbox"/> Provided incentives for attendance |
| <input type="checkbox"/> Explained attendance policies and laws to parents | <input type="checkbox"/> Program/class changes for student |
| <input type="checkbox"/> Explained attendance policies and laws with student | <input type="checkbox"/> Student working with School Social Worker |
| <input type="checkbox"/> Referred parents/student to community resources | <input type="checkbox"/> Requiring medical note for absences |
| <input type="checkbox"/> Utilized School Resource Officer | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Provided transportation alternatives | |

Required for submitting the Educational Neglect Referral Form:

1. Initial letter to family sent by the school/principal at three full days unexcused absences in the parent's/guardian's primary language.

Date letter(s) sent: _____

2. At least 1 contact with the parent/guardian after the Initial Letter to the family was mailed.

Date of contact: _____ spoke with parent/guardian by phone Left voice message

Parent/guardian came to school School did home visit

3. At least 1 contact with **student** regarding why they are missing school including a discussion of how to address absences.

Date of contact: _____ At School At home

4. At least five full day unexcused absences from school (attach attendance printout with key to codes used). Dates of unexcused absences:

_____ _____ _____ _____

_____ _____ _____

5. Checklist:

- Completed referral Full attendance report reflecting full day unexcused absences
 Recent grades

Email to: Robin.Dorf@co.wright.mn.us

Questions: Robin Dorf, Truancy Case Aide at (763) 684-2339