

2017-2018

5-Day Educational Neglect Referral (under age 12)

Step #2

STUDENT INFO.	Child's Full Name: _____ School: _____ Grade: _____
	Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American (specify tribe): _____ <input type="checkbox"/> Other (specify): _____
	Does this individual read, speak, and understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list language: _____

CUSTODIAL PARENT	Parent/Guardian Name: _____
	Street Address: _____
	City: _____ State: MN Zip Code: _____
	County: _____ Phone #: _____
	Does child live with this parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this individual read, speak, and understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list language: _____

NON CUSTODIAL PARENT	Parent/Guardian Name: _____ <input type="checkbox"/> Same address as Custodial Parent
	Street Address: _____
	City: _____ State: MN Zip Code: _____
	County: _____ Phone #: _____
	Does child live with this parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this individual read, speak, and understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list language: _____

School Information	School Official Name & Position Title: _____
	Direct Phone: _____
	Email Address: _____
	Name of School: _____
	Mailing Address: _____

Impact on Childs Education (Check all that apply)

THIS SECTION MUST BE FILLED IN

BEHAVIOR

- Attention/concentration problems
- Change in grades
- Defiant to others
- Anxiety-related symptoms
- Anti-social
- Other (specify):

LEARNING

- Learning disability
- 504 Plan, IEP, other special services
- Specify:
- Other (describe):

HEALTH

- Health condition. List diagnosis:
- Other (describe):

PARENTAL IMPACT

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

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

SCHOOL INTERVENTIONS

Check all that apply:

- Met with parents regarding attendance
- Met with child regarding attendance
- Explained attendance policies and laws to parents
- Explained attendance policies and laws to child
- Devised attendance contract
- Home visit with parents and student
- Provide incentives for attendance
- Refer parents/student to community resources
- Sent letter(s) to parents (attach copies to this referral)
- Arranged mentoring/peer services
- Provided transportation alternatives
- Assistance of Liaison Officer
- Arranged sign-in procedure with staff member
- Education alternative options/programs
- Required medical note for absences
- Other interventions- Specify:

List any other information you deem necessary:

Needed Information	CHECKLIST
	<input type="checkbox"/> 3 Day referral sent to Wright County <input type="checkbox"/> Completed report <input type="checkbox"/> Full attendance record attached (for tardies include arrival time) <input type="checkbox"/> Include a key to school attendance codes <input type="checkbox"/> Letter(s) sent to parents <input type="checkbox"/> Recent grades <i>If applicable:</i> <input type="checkbox"/> Special education learning plans <input type="checkbox"/> Copy of medical excuses/diagnosis/chronic conditions

Send all of the above to:

Email:

Robin.Dorf@co.wright.mn.us

Fax: (763) 682-7701

Wright County - Youth Services Unit
 Attn: Robin Dorf, Truancy Case Aide

Questions: (763) 684-2339