

WRIGHT COUNTY HEALTH & HUMAN SERVICES AGENCY  
 1004 Commercial Drive, Buffalo, MN 55313-1736 Phone:(763)682-7400

2018-2019

5-Day Educational Neglect Referral (under age 12)

Step #2

<b>STUDENT INFO.</b>	<p><b>Child's Full Name:</b> _____ <b>School:</b> _____ <b>Grade:</b> _____</p> <p><b>Date of Birth:</b> _____ <b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><b>Race:</b> <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): _____</p> <p>Does this individual read, speak, and understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If no, list language: _____</p>
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<b>CUSTODIAL PARENT</b>	<p><b>Parent/Guardian Name:</b> _____</p> <p>Street Address: _____</p> <p>City: _____ State: MN Zip Code: _____</p> <p>County: _____ Phone #: _____</p> <p>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: _____</p>
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<b>NON CUSTODIAL PARENT</b>	<p><b>Parent/Guardian Name:</b> _____ <input type="checkbox"/> Same address as Custodial Parent</p> <p>Street Address: _____</p> <p>City: _____ State: MN Zip Code: _____</p> <p>County: _____ Phone #: _____</p> <p>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: _____</p>
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<b>School Information</b>	<p>School Official Name &amp; Position Title: _____</p> <p>Direct Phone: _____</p> <p>Email Address: _____</p> <p>Name of School: _____</p> <p>Mailing Address: _____</p>
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**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):
- Specify:

**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:**

<b>Needed Information</b>	<b>CHECKLIST</b>
	<input type="checkbox"/> 3 Day referral sent to Wright County <input type="checkbox"/> Completed report <input type="checkbox"/> Full attendance record attached ( <b>for tardies include arrival time</b> ) <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](mailto: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