

TRUANCY REFERRAL INFORMATION

430-Exhibit

Waunakee Community School District

Referring School Official _____ School Contact Person _____

Referral Date _____ a.
b.

I. Student's Name _____ **Grade** _____

Student's Address _____ Home Phone No. _____

Student's Date of Birth _____

II. Parent's Name: (Father) _____ Work Phone _____

(Mother) _____ Work Phone _____

Parent's Address: _____

III. Summary of Days Absent

Date absent from school/class	Absent all day	<u>Periods Absent in A.M. Classes</u>	<u>Periods Absent in P.M. Classes</u>

Total Number of Absences/Out of _____ Days.

- IV. History of truancy/previous attendance: (Statement regarding the number of percent of truancy in previous semester or school years)
- V. Statement of social/behavioral problems or other issues that may relate to the problem:
- VI. Statement of school's perception of the parent's and student's attitude toward the problem:
- VII. Statement of school's recommendation to local social service agency:
- VIII. Summary of school action to correct problem:

Effectiveness of Action			
Type of Action	Date	Attendance Improved	Attendance Did Not Improve
Referral to other Community/County Resources			
Referral to Municipal Court			