

Eaton County Truancy Intervention Program
 Student Referral Information
CONFIDENTIAL

Identifying Data (Please print all data clearly)

Student name:	Student street address:	City, State, ZIP:
Student date of birth:	Male/Female (circle one)	County of residence (mandatory):
Mother's full name:	Address (if different from above):	City State, ZIP:
Home Phone:	Work Phone:	Cell Phone:
Father's full name:	Address (if different from above):	City, State, ZIP:
Home Phone:	Work Phone:	Cell Phone:
Guardian/Other name:	Address:	City, State, ZIP:
Home Phone:	Work Phone:	Cell Phone:
Should any address or phone number be kept confidential? If so, whose?		
Child is living with (circle one): Mother/Father Both Stepmother/Stepfather Both Other (name):		
Referring Asst. Principal or Counselor:	School district & building:	
Grade of Student:	Average GPA this year:	Average GPA last year:
Please fill in attendance data below <i>and</i> attach a print-out of attendance <i>and</i> notice to parent(s):		
Data below is from First or Second Semester (Circle one)		
# excused absences (days):		# unexcused absences (days):
# excused tardies (periods):		# unexcused tardies (periods):
Please check all that apply:		
<input type="checkbox"/> Determined the student has met the district's definition of truant.		
<input type="checkbox"/> Contacted parent(s)/guardian(s) by telephone (# of times if known _____)		
<input type="checkbox"/> Provided written notice to parents/guardians of truancy status and/or referral to EISD for truancy.		
<input type="checkbox"/> Conducted _____ (#) of face-to-face meeting(s) with parents/guardians to discuss the attendance problem.		
<input type="checkbox"/> Provided an opportunity to discuss and determine whether an educational change would resolve the student's truancy. If not, please explain:		

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