

**ATTENDANCE REFERRAL 2022-2023**

School \_\_\_\_\_ Date of Referral \_\_\_\_\_

**STUDENT'S NAME:** \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SIS #: \_\_\_\_\_

Grade Level: \_\_\_\_\_ If grade 9-12, credits needed to graduate: \_\_\_\_\_

Does the student receive special education services? \_\_\_\_\_

Is the Family/Student involved in the court system? If yes, explain. \_\_\_\_\_

Parent's Name (Or Guardian) \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Phone no. \_\_\_\_\_

Father's Employment \_\_\_\_\_ Phone no. \_\_\_\_\_

Parents are: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Other \_\_\_\_\_

**Number of Absences 2020-2021 School Year** \_\_\_\_\_ **Number of Truancies 2020-2021 Year** \_\_\_\_\_

**Number of Absences 2021-2022 School Year** \_\_\_\_\_ **Number of Truancies 2021-2022 Year** \_\_\_\_\_

**Number of Possible Attendance Days 2021-2022** \_\_\_\_\_

**OTHER RISK FACTORS** (please check all that apply)

Low Achievement \_\_\_\_\_

Low Income \_\_\_\_\_

High Failure Rate \_\_\_\_\_

Physical or Emotional Issues \_\_\_\_\_

Teen Parent \_\_\_\_\_

Law or Court-Mandated \_\_\_\_\_

Credit Deficient \_\_\_\_\_

Drugs/Alcohol \_\_\_\_\_

Tardiness \_\_\_\_\_

Other \_\_\_\_\_

**SPECIFIC ACTION TAKEN BY SCHOOL:**

Please record the dates of the following that apply and **provide documentation**.

Letters to Parent/Guardian \_\_\_\_\_ Staffing \_\_\_\_\_

Home Visits \_\_\_\_\_ Schedule Changes (explain) \_\_\_\_\_

Conference with Student \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Conference with Parents \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*After a minimum of 2 UNEXCUSED absences, attach the student's current attendance report and send to:**

Bureau Henry Stark Regional Office of Education  
107 S. State St  
Atkinson, IL 61235

Phone: (309) 936-7890  
Fax: (309) 936-1111