

Rice County  
Student Attendance Review Board Referral

**Referral form and all supporting documents are required before receiving a date and time for attending the Student Attendance Review Board.**

Student Information	
Name:	DOB: Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	
Phone:	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian	
Ethnicity:	
School:	Grade:
Number/Dates of Unexcused Absences: <b>(Attach Attendance Sheets for the last four years)</b>	

Parent/Guardian Information	
Mother's Name:	Phone:
Address:	County:
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian	
Ethnicity:	
Custodial Status:	
Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, school will provide)	

Father's Name:	Phone:
Address:	County:
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian	
Ethnicity:	
Custodial Status:	
Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, school will provide)	

Other Parent/Guardian:	Phone:
Address:	County:
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian	
Ethnicity:	
Custodial Status:	
Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, school will provide)	

<b>Family Dynamics/Parent Attempts and Interventions:</b>
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<b>School Information</b>	
Current School:	
Referring Principal or Administrator Name:	Phone:
Other Schools Attended in Past 3 Years:	

<b>Educational Efforts to Prevent Truancy</b>	
<input type="checkbox"/> Alternative Learning Center	<input type="checkbox"/> Section 504 Plan (ADA)
<input type="checkbox"/> Educational Assessments	<input type="checkbox"/> Special Education Programming
<input type="checkbox"/> Extended Learning	<input type="checkbox"/> Special Transportation
<input type="checkbox"/> Parent Education	<input type="checkbox"/> Specialist Consultation
<input type="checkbox"/> Parent Involvement	<input type="checkbox"/> Student Support Team Referral
<input type="checkbox"/> Peer Tutoring	<input type="checkbox"/> Targeted Services
<input type="checkbox"/> Pre-Referral Interventions	<input type="checkbox"/> Translators
<input type="checkbox"/> School Based Mental Health Services	<input type="checkbox"/> Other:
<input type="checkbox"/> School/Family Communication	
<input type="checkbox"/> Letter	
<input type="checkbox"/> Phone Call	
<input type="checkbox"/> Meeting	
<input type="checkbox"/> School Attendance Agreement	

<b>Agencies the Child/Parents are Working With</b>	
<input type="checkbox"/> Chemical Health	<input type="checkbox"/> Court Diversion
<input type="checkbox"/> Counseling/Therapy	<input type="checkbox"/> Court Services/Corrections
<input type="checkbox"/> County Child & Family Services	<input type="checkbox"/> Tribal Social Services
<input type="checkbox"/> County Children's Mental Health Services	<input type="checkbox"/> Other:
Comments:	

<b>Other Areas of Concern That May be Impacting School Attendance (i.e. chemical use, family issues, parents attempts/interventions etc.)</b>
Comments:

**The Following Information MUST be Attached**

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| <ul style="list-style-type: none"><li>• Educational Efforts Narrative with Dates and Form of Contact</li><li>• IEP Summary/Evaluation (If Applicable)</li><li>• School Academic Report</li><li>• School Attendance Agreement</li></ul> | <ul style="list-style-type: none"><li>• School Attendance Record for the Last Four Years*</li><li>• School Behavior Reports (If Applicable)</li><li>• Parents Attempts/Interventions</li></ul> |
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\*PLEASE INCLUDE A KEY WITH THE ATTENDANCE RECORDS.

**ATTACH NARRATIVE CONCERNING EDUCATIONAL EFFORTS LISTED ABOVE.**

Be sure to include attendance issues and interventions from previous years, if applicable.

I have reviewed this referral and affirm educational efforts have been exhausted and required documentation is attached.

School staff member with the most knowledge and/or involvement with the student must attend the Student Attendance Review Board in addition to the Principal/Administrator.

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Petitioning School Principal/Administrator Signature

\_\_\_\_\_  
Date