

TRUANCY/INCORRIGIBILITY REFERRAL - ADMINISTRATIVE CHECKLIST

Date:

Student Name:

Ref #:

To facilitate the handling of this case, please complete the following information and return to Mary Stanfill, IRESA School/Community Liaison Officer.

1. Were parents notified in person, by phone or letter that the school was obligated by law to make a truancy referral to the Iosco Regional Educational Service Agency if attendance didn't improve? Yes No

2. Has a school/parent meeting regarding attendance already been held this Year?
Yes No Comments:

3. Are the student's absences primarily related to illness, injury or suspensions?
Yes No If Yes, indicate which: Illness Injury Suspensions

4. Is there a prior history of attendance problems? Yes No Unknown

5. Is the student/family already in counseling? Yes No Unknown
If yes: Name of Agency/Counselor

6. Is the student classified as Special Ed? Yes No Unknown

7. Does Special Ed eligibility need to be determined? Yes No Unknown

8. Are parents cooperating with school? Yes No (Comments):

9. Is student passing? Yes No Grades are: A's B's C's D's E's

10. Is a School Counselor or School Social Worker already actively involved?
Yes No Name:

11. Is student involved with Family Court? Yes No Unknown
Probation Officer/Caseworker:

12. Additional comments:

13. Is there a chance that this student is homeless? Yes No