

ATTENDANCE REFERRAL

School: _____ Referral Date: _____ Unexcused Absences within 90 days: _____

Student's Name: _____ Student Number: _____ DOB: _____

Age: _____ Race: _____ Gender: _____ Grade: _____ Records Review/Exit Meeting: _____

ESE/504 Placement: _____ I.E.P Review Meeting Date: _____

Medical Diagnosis: _____ Chronic Health Form: Yes No Needed

Student in Transition: Yes No Notice of Intent: Needed Student Did Not Enter:

Well-Check from Law Enforcement: Yes No Date: _____

Required Forms of Contact: (please provide ALL copies of documentation):

Communication Log Attendance Letters Report Card Parent Conference

Areas of Concern Impacting Attendance (check all that apply and scan documentation):

Needs Medical Documentation Personal Health Care Parental Incarceration

Family in Transition Excessive Parental Notes Excessive Medical Notes

Lice Runaway No Utilities No Physical Exam No Immunization

Incorrect Address No Working Phone #s Address Verification Other _____

Interventions Utilized to Address the Problem (check all that apply and attach notes):

Attendance Contract DCF Counseling Chronic Health Form Mentoring

Change in Class Placement Referral to Outside Agency SRO Assistance

Educational Alternative (Adult Ed., Brevard Workforce, etc.) Other _____

Outcome of Attendance Meeting

Date _____

Team Member's Signature: _____ **Date:** _____

