|  |  |
| --- | --- |
| **Student’s Name:** | **Referral Date:** |
| **DOB:** | **# Days School in Session:** |
| **Grade:** | **# Days Absent:**  |
| **Parent(s)/Guardian:** | **Referral Contact:** |
| **Parent(s)/Guardian Phone #** | **Referral Phone #:** |
| **Student’s Physical Address:** | **Referral E-mail:** |
|  |  |

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| --- |
| **Reason For Referral** |
| **What strategies/supports/interventions have been attempted to date?** |
| **What were the results of these interventions and why were they unsuccessful?** |
| **Are there any Complicating Factors? e.g. history of truancy, family patterns, emotional/behavioral challenges, health concerns, etc.** |

|  |  |
| --- | --- |
| **Others already involved:****🞏 DCF****🞏 NCSS**  | **If others are involved, have you contacted them about this referral?** **🞏 No****🞏 Yes When?** **What was the Outcome?** |
|  **🞏 CAT** **🞏 Comty Support** **🞏 Family Support** | **🞏 Outpatient****🞏 School-based Clinician****🞏 other** |

|  |
| --- |
| **Current Supports Received at School:** |
| **🞏 504****🞏 OT****🞏 PT**  | **🞏 IEP****🞏 SLP****🞏 Other?** |

|  |
| --- |
| **Previous Steps Completed (please check):** |
| **🞏 Call made at each absence 🞏 Attendance Meeting or CSP (10+ Days)****🞏 School calls all contacts and emergency contacts (5 days) 🞏 10-Day letter sent** |

|  |
| --- |
| **Please explain any unchecked boxes from table above:**  |
|  |

|  |  |
| --- | --- |
| **History of Truancy (if known):** |  |
|  | **Absences** | **Tardies** |  | **Absences** | **Tardies** |
| **2011-12** |  |  | **2014-15** |  |  |
| **2012-13** |  |  | **2015-16** |  |  |
| **2013-14** |  |  | **2016-17** |  |  |

**NOTES:**

* **Please send to Joanne Wells for FCSU, Erik Remmers for FNESU, Jeff Benay for FNWSU or Rachel McIntyre for FWSU.**
* **Please attach copies of letters, meeting minutes, attendance record, and other documentation.**

**Referral Source Signature: Date:**

 **for TIP use only**

**Date Referred to TIP:**

**Next Steps:**