

Attendance Specialist Referral Form

Student's Name _____ Referred by: _____ Date: _____

Student ID #: _____ Grade: _____ School: _____

Current Attendance Rate: _____ ELL SPED 504

1. Check the areas of concern(s):

Academic	Problem Behaviors	Contributing Factors	
reading math other <small>(specify below)</small>	aggressive non compliant poor attention work completion withdrawn disruptive poor attendance walks out of class other <small>(specify below)</small>	curriculum trauma personal loss anxiety peers family probation other <small>(specify below)</small>	medical poverty abuse mental health substance abuse suspected housing/ homelessness Probation Officer

2. Check the strategies tried so far & circle those that were effective:

postcard positive call home letter 1 letter 2 letter 3 letter 4 conference with counselor counselor reinforcement conference with principal home visit	principal home visit call home in room reinforcement in school intervention auto dialer modify environment/curriculum CUM file review CICO 3 x 3 agencies <small>(specify below)</small>	develop social skills mental health services <small>(specify below)</small> mentor/tutor attendance contract <small>(attach contract)</small> DHS report/consultation SUN SRO other <small>(specify below)</small>
---	---	---

3. Narrative: (Brief description of the situation, and what you hope to gain.)

Counselor's or Administrator's Signature _____

(Required)