** District of Columbia Superior Court**

Truancy Referral Form

Date:    /   /

1. School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Attendance Counselor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendance Counselor Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Information**

1. Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is the student a special education student? Yes No (if yes, attach IEP)
3. Is there a social worker or case manager assigned to this student? (i.e. CFSA, school social worker, neighborhood collaborative, DMH or other agency) Yes No Unknown
   1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency: \_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Does the student have a probation officer? Yes No Unknown
5. Student has been truant from school for \_\_\_\_ days between \_\_\_/\_\_\_/\_\_\_\_\_\_ and \_\_\_/\_\_\_/\_\_\_\_\_\_. Student has been absent an additional \_\_\_\_ days excused and \_\_\_\_ days due to suspensions. *Note: Student must have missed a minimum of* ***15*** *days without a valid excuse to be considered for petitioning.*
6. Which interventions has the school attempted with the parent/guardian?

Phone call

Letter

Certified letter

In-person conference

Attendance intervention plan

SST or Attendance Committee meeting

Referral to in-school resource (ie counselor)

Referral to community organization

Home visit

Referral to CFSA

For **all** interventions checked, please attach documentation. Where not checked, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Social History (include any information about the student’s personal history, family composition, and other important information not captured elsewhere in this referral):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Attendance History (include any information regarding student’s history of attendance and known reasons for absence. List school, year, and number of unexcused absences as available):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Information**

1. Mother/Legal Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lives with student: Y / N

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Father/Legal Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lives with student: Y / N

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If not living with mother/father/legal guardian, living with:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Siblings:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | DOB | School | Grade | School ID |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Attendance Counselor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mail completed packets to:**

*(for cases against parent: ages 5-12)*

Rachele G. Reid

Office of the Attorney General

Public Safety Division

Juvenile Section

441 4th Street, NW, Suite 1060-North

Washington, DC 20001

*(for cases against child: ages 13-17)*

Vonda Frayer

Supervisory Probation Officer- Intake Unit I

Court Social Services

District of Columbia Superior Court

500 Indiana Avenue, NW, Room 4206

Washington, DC 20001

**District of Columbia Superior Court**

Truancy Referral Checklist

**Directions**: Please check the following items for inclusion in the Truancy Referral and attach this sheet to Truancy Referral Form.

**School/Student Information**

District of Columbia Superior Court Truancy Referral Form

Student Enrollment Form

DC Residency Verification Form

Current Course Schedule with Teacher Names

Progress Report/Report Card

**Attendance**

Daily attendance record for current school year (certified true copy); include period attendance if applicable

Attendance intervention plan

Documentation of all attendance interventions checked on Truancy Referral Form (include date(s), person(s) conducting the intervention, person(s) in attendance, and detailed notes regarding the intervention/follow-up)

Phone call

Letter

Certified letter

In-person conference

Student Support Team or Attendance Committee meeting

Referral to in-school resource

Referral to community-based organization

Home visit

**Additional items**

SAT 9, DC-BAS, DC-CAS and/or other relevant test data (if available)

504 Plan/Bi-lingual Education Plan (if applicable)

Individualized Education Plan (if student is enrolled in special education)

TANF/DHS Form (if applicable)

DC Housing Authority Verification Enrollment Form (if applicable)



**DC Superior Court Truancy Referral**

**Section 1:**

**School/Student Information**

(please place the following items in order behind this sheet)

District of Columbia Superior Court Truancy Referral Form

Student Enrollment Form

DC Residency Verification Form

Current Course Schedule with Teacher Names

Progress Report/Report Card



**DC Superior Court Truancy Referral**

**Section 2:**

**Attendance**

(please place the following items in order behind this sheet)

Daily attendance record for current school year (certified true copy); include period attendance if applicable

Attendance intervention plan

Documentation of all attendance interventions checked on Truancy Referral Form (include date(s), person(s) conducting the intervention, person(s) in attendance, and detailed notes regarding the intervention/follow-up)

Phone call

Letter

Certified letter

In-person conference

Student Support Team or Attendance Committee meeting

Referral to in-school resource

Referral to community-based organization

Home visit



**DC Superior Court Truancy Referral**

**Section 3:**

**Additional Items**

(please place the following items in order behind this sheet)

SAT 9, DC-BAS, DC-CAS and/or other relevant test data (if available)

504 Plan/Bi-lingual Education Plan (if applicable)

Individualized Education Plan (if student is enrolled in special education)

TANF/DHS Form (if applicable)

DC Housing Authority Verification Enrollment Form (if applicable)