

**PREREFERRAL CHECKLIST FOR:**

EDUCATIONAL NEGLECT       TRUANCY       Other \_\_\_\_\_

<b>DISTRICT</b>	<b>SCHOOL</b>	<b>GRADE</b>
-----------------	---------------	--------------

<b>STUDENT'S Name</b>	<b>Birthdate</b>	<b>Sex</b>
-----------------------	------------------	------------

<b>Home Address</b>	<b>City</b>	<b>Zip</b>
---------------------	-------------	------------

<b>FATHER / Guardian Name</b>	<b>Home Phone</b>
-------------------------------	-------------------

<b>Home Address</b>	<b>City</b>	<b>Zip</b>
---------------------	-------------	------------

<b>Employer</b>	<b>Employer Phone</b>
-----------------	-----------------------

<b>MOTHER / Guardian Name</b>	<b>Home Phone</b>
-------------------------------	-------------------

<b>Home Address</b>	<b>City</b>	<b>Zip</b>
---------------------	-------------	------------

<b>Employer</b>	<b>Employer Phone</b>
-----------------	-----------------------

**Parents live together:**     Yes                       No

**Child lives with:**         Both parents         Mother             Father  
                                    Foster Parents       Guardian(s)       Other

**Parents are divorced:**     Yes             No                      **County of Divorce:** \_\_\_\_\_

**Guardianship (if applicable) established by:**     Power of Attorney     Probate Court/County: \_\_\_\_\_ **Date:** \_\_\_\_\_

**Explain other living arrangements (if applicable):**  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>First Referral Date This School Year:</b> _____	<b>Special Education Services?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

**Attendance Summary:**    (See attached record)

**Days Absent**     
  **Days Tardy**     
  **Days Suspended**

	Yes	No
<b>1. The school has met with the student regarding attendance (attached).</b> <p style="text-align: center;">Number of times.</p>		
<b>2. The school has attempted to partner with parent(s) in order to improve attendance (attached).</b> <p style="text-align: center;">Number of times</p>		
<b>3. The school has made home visits.</b> <p style="text-align: center;">Number of times.</p>		

	Yes	No
4. Parents have cooperated with school officials & are concerned about their child's attendance.		
5. Absences are related to documented illness.		
6. Absences are related to head lice or cleanliness.		
7. Absences are related to nondocumented illness.		
8. There is a prior history of excessive absences.		
9. The student has been tested for special education / 504 services. Date of testing:		
10. The student is receiving special education.		
11. The student is failing or at risk of losing credit.		
12. The student is involved with Family Court.		
13. The student has been involved with Family Court.		
14. The student is currently meeting with the school counselor.		
15. The student is currently meeting with the school social worker.		
16. The student has been referred to a public or private counseling agency/agencies (attach documentation). List:		
17. A referral has been made to the Department of Human Services (DHS).		
18. The parent has been notified that the school is obligated by law to make a truancy/educational neglect referral.		
19. Recommendations for the student:		
20. Recommendations for the parent:		
Authorized Signature	Title	Date