

## Wright County

**2016-2017**

**5 Day Truancy Referral (over age 12)**

**Step #2**

|   |   |  |   |  |   |   |   |   |                                 |  |  |
|---|---|--|---|--|---|---|---|---|---------------------------------|--|--|
| <b>Student Info</b>                           | <p><b>Child's Full Name:</b> _____ <b>School:</b> _____</p> <p><b>Date of Birth:</b> _____ <b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Does this individual read, speak, and understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, list language: _____</p>   |  |   |  |   |   |   |   |                                 |  |  |
| <b>Custodial Parent</b>                       | <p><b>Parent/Guardian Name:</b> _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: MN Zip Code: _____</p> <p>County: _____ Phone #: _____</p> <p>Does this individual read, speak, and understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, list language: _____</p>   |  |   |  |   |   |   |   |                                 |  |  |
| <b>Non-Custodial Parent</b>                   | <p><b>Parent/Guardian Name:</b> _____</p> <p>Mailing Address: _____ <input type="checkbox"/> Same address as Custodial Parent</p> <p>City: _____ State: MN Zip Code: _____</p> <p>County: _____ Phone #: _____</p> <p>Does this individual read, speak, and understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, list language: _____</p>   |  |   |  |   |   |   |   |                                 |  |  |
| <b>Concerns</b>                               | <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Mental Health</td> <td><input type="checkbox"/> Parenting Issues</td> </tr> <tr> <td><input type="checkbox"/> Chemical Dependency</td> <td><input type="checkbox"/> Transportation</td> </tr> <tr> <td><input type="checkbox"/> Attitude/Ambivalence</td> <td><input type="checkbox"/> Financial Issues</td> </tr> <tr> <td><input type="checkbox"/> Probation Officer:</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Family Issues</td> <td></td> </tr> </table>  | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Parenting Issues | <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Transportation | <input type="checkbox"/> Attitude/Ambivalence | <input type="checkbox"/> Financial Issues | <input type="checkbox"/> Probation Officer: | <input type="checkbox"/> Other: | <input type="checkbox"/> Family Issues |  |
| <input type="checkbox"/> Mental Health        | <input type="checkbox"/> Parenting Issues   |  |   |  |   |   |   |   |                                 |  |  |
| <input type="checkbox"/> Chemical Dependency  | <input type="checkbox"/> Transportation   |  |   |  |   |   |   |   |                                 |  |  |
| <input type="checkbox"/> Attitude/Ambivalence | <input type="checkbox"/> Financial Issues   |  |   |  |   |   |   |   |                                 |  |  |
| <input type="checkbox"/> Probation Officer:   | <input type="checkbox"/> Other:   |  |   |  |   |   |   |   |                                 |  |  |
| <input type="checkbox"/> Family Issues        |   |  |   |  |   |   |   |   |                                 |  |  |
| <b>Intervention</b>                           | <p><b>Conference with:</b> <input type="checkbox"/> student <input type="checkbox"/> parents</p> <p><b>Referred to:</b> <input type="checkbox"/> Psychologist <input type="checkbox"/> Nurse <input type="checkbox"/> Special Ed <input type="checkbox"/> School Counselor</p> <p><input type="checkbox"/> School SW <input type="checkbox"/> Other Therapist <input type="checkbox"/> Other</p> <p><b>Program/Class Changes:</b></p>   |  |   |  |   |   |   |   |                                 |  |  |
| <b>Invite to SARB</b>                         | <p>Contact at school to schedule SARB meeting: _____</p> <p>Name: _____ Contact Phone# _____</p> <p>Name: _____ Contact Phone# _____</p>  |  |   |  |   |   |   |   |                                 |  |  |
| <b>Needed Info</b>                            | <p><input type="checkbox"/> This completed form <input type="checkbox"/> Current attendance <input type="checkbox"/> Letters to parents regarding attendance</p> <p style="text-align: center;"><b>Send all of the above to:</b></p> <p style="text-align: center;"><b>Email:</b> <a href="mailto:Robin.Dorf@co.wright.mn.us">Robin.Dorf@co.wright.mn.us</a> or <a href="mailto:HSTruancy@co.wright.mn.us">HSTruancy@co.wright.mn.us</a></p> <p style="text-align: center;"><b>FAX:</b> (763) 682-7701</p> <p style="text-align: center;"><i>WCHHS - Children Services Unit</i></p> <p style="text-align: center;"><i>Attn: Robin Dorf, Truancy Case Aide</i></p> <p style="text-align: center;"><b>Questions:</b> (763) 684-2339</p> |  |   |  |   |   |   |   |                                 |  |  |