



**Office of the Washington
County Attorney**

Doug Johnson
County Attorney

TRUANCY REFERRAL FORM FOR 16 AND 17 YEAR OLD STUDENT

SCHOOL		OFFICIAL & POSITION	
EMAIL		PHONE	
ADDRESS			FAX
STUDENT NAME			M <input type="checkbox"/> F <input type="checkbox"/>
DOB	AGE	GRADE	HISPANIC <input type="checkbox"/>
RACE	White <input type="checkbox"/>	Black <input type="checkbox"/>	Asian <input type="checkbox"/>
		Native American <input type="checkbox"/>	OTHER

Involvement with Other Agencies (probation, child protection, mental health, etc.):

PLEASE ENTER COMPLETE PARENT/GUARDIAN INFORMATION

MOTHER	NAME	
	ADDRESS	
	Legal custody? <input type="checkbox"/>	HOME PHONE
	Resides with? <input type="checkbox"/>	CELL/OTHER
FATHER	NAME	
	ADDRESS	
	Legal custody? <input type="checkbox"/>	HOME PHONE
	Resides with? <input type="checkbox"/>	CELL/OTHER
OTHER	NAME	
	ADDRESS	
	RELATIONSHIP	
	Legal custody? <input type="checkbox"/>	HOME PHONE
Resides with? <input type="checkbox"/>	CELL/OTHER	

1. REQUIRED PRE-REFERRAL EFFORTS

<input type="checkbox"/> School consequences <input type="checkbox"/> Meeting with student <input type="checkbox"/> Communication with Parents <input type="checkbox"/> In-School Attendance Contract – please include a copy with this referral form <input type="checkbox"/> Other
Date Parent Letter Sent and Student Referred for County Attorney’s Letter (7 unexcused):

Attendance History:

- When did the student begin to have attendance problems?

- What do you think is the cause of this problem?

- What would help this student improve?

2. ACADEMIC/BEHAVIOR/SPECIAL EDUCATION

Receives Special Educational Services: NO <input type="checkbox"/> YES <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/>		Primary Disability: Learning / Emotional-Behavioral / Speech / Other: _____
ESL: NO <input type="checkbox"/> YES <input type="checkbox"/> Language:	# of Suspensions:	Setting Description:
DESCRIBE (include grades, behaviors, other issues, etc.): 		

3. OTHER HEALTH ISSUES

<p>Mental Health Issues: <input type="checkbox"/> Unknown <input type="checkbox"/> Suspected <input type="checkbox"/> Diagnosis</p> <p>Treatment: _____</p>
<p>Chemical Health Issues: <input type="checkbox"/> Unknown <input type="checkbox"/> Suspected <input type="checkbox"/> Diagnosis</p> <p>Treatment: _____</p>

PLEASE FAX TO: **JUVENILE DUTY ATTORNEY**
WASHINGTON COUNTY ATTORNEY'S OFFICE
FAX: 651-430-6184

- Please attach the following:**
- 1) Student's current attendance record,**
 - 2) Explanation or key of attendance codes, and**
 - 3) In-school attendance contract.**
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