SCHOOL REFERRAL FOR TRUANT CONDUCT

School: _____   Contact: _____

                                              Phone: _____

Student's Name:	Parent/Guardian Name:
Address:	Parent/Guardian Address *(if different)*:
City State Zip	City State Zip
DOB: Age: Sex: Race:	
Social Security #:	Phone: ( )
Student ID #	Student DL # (if known):

☐ The student was at least 12 years and less than 19 years of age when all truant conduct occurred.

☐ Student's Parent/Guardian was notified student has been absent from school without excuse on three or more days or parts of days within a four-week period. *(Please attach copy of written notice)*

☐ Student missed 10 or more days or parts of days within a six-month period in the same school year. *(Please attach attendance record)*

☐ The truancy is not related to pregnancy, being in a state foster program, being homeless, or being the principal income earner for student's family.

The school has initiated truancy prevention measures and has taken one or more of the following actions:

☐   Creation of a behavior improvement plan which meets the following requirements:
   - The plan is signed by an employee of the school;
   - The school has made a good faith effort to have the plan signed by the student and the student's parent/guardian;
   - The plan includes a specific description of the behavior that is required or prohibited for the student;
   - The plan includes the period for which the plan will be effective, not to exceed 45 school days after the effective date
   - The plan states the penalties for additional absences, including disciplinary action or referral to truancy court

                                              (Please attach behavior improvement plan)

☐   School-based community service

☐   Referral of the student to counseling, mediation, mentoring, a teen court program, community- based services, or other in-school or out-of-school services aimed at addressing the truancy.

The student has seen the Juvenile Case Manager assigned to this court.   Yes   No *(check one)*

The student   **is**   **is not** *(check one)* eligible for or receives Special Education Services under *Subchapter A, Chapter 29.*

          The Truancy Prevention measures failed to meaningfully address the student's school attendance.

_____   _____
Signature   *Date*