

County of Santa Barbara

**S.a.r.**

School Attendance Review Board



# Confidential Referral Form

Agency #:  
Referral Date:

Interpreter: Y  N   
Language: English  
Previous SARB: Y  N

## Referring District and School

District	School
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Probation: Y  N   
Special Ed: Y  N

## Student Information

Name (Last, First, Middle)	DOB	Age	Grade	Sex M	Student ID #
Resides with			Previous SARB Date:		

## Parent/Guardian Information

Mother/Guardian	Address	Telephone number
Place of Employment	Address	Telephone number
Father/Guardian	Address	Telephone number
Place of Employment	Address	Telephone number

## I. Summary of Attendance Problem

	CURRENT YEAR	AFTER SARB
<b>Total days or periods of excused absence</b>	FULL DAYS _____ PERIODS _____	FULL DAYS _____ PERIODS _____
<b>Total days or periods of unexcused absence</b>	FULL DAYS _____ PERIODS _____	FULL DAYS _____ PERIODS _____
<b>Total number of tardies</b>	< 30min _____ > 30min _____	< 30min _____ > 30min _____

## II. Attempted Interventions

The student and/or parent(s)/guardian(s) were in violation of Education Code §48200 et. seq. and the following interventions were attempted. List most recent interventions

Intervention	Date	Persons Present for Intervention	Summary
Truancy Letter 1			
ASM			
AM			
TMT			
SARB			

**PLEASE ATTACH SCHOOL RECORDS OF INTERVENTIONS PROVIDED**

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*To be completed by the School Attendance Review Board*

**IV. School Attendance Review Board**

Date(s) of SARB meeting(s): \_\_\_\_\_

Interpreter:  Y  N

Language: \_\_\_\_\_

Name of interpreter: \_\_\_\_\_

➤ Parent(s)/(guardian(s):  Attended  Signed SARB Agreement  Failed to Appear

➤ Student:  Attended  Signed SARB Agreement  Failed to Appear

**The School Attendance Review Board elects to:**

Monitor minor's attendance.

Review minor's SARB case at later date:

Probation for placement of the minor on informal/formal probation or filing of a 601 petition on the minor's behalf under Welfare & Institutions Code.

The District Attorney's Office for citation/prosecution.

I certify under penalty of perjury under the laws of the State of California that the foregoing information is correct.

\_\_\_\_\_  
Signature of SARB Chairperson or District Representative

2/27/2015

Date

**SARB or District Contact Person**

**Name:**

**Title:**

**Phone:**

**Address:**

**Attachments:**

- Student attendance report and attendance notes
- Student current transcript
- Phone/Contact list
- Student disciplinary record include dates Truancy Notification Letters were sent and who sent them
- Copy of outside of student CUMULATIVE file (schools attended and days in attendance)
- Copy of TMT contract
- Copy of SARB contract
- Pro-190 Form