



Confidential Referral Form

Agency #: _____
 Referral Date: _____
 Interpreter: Y N
 Language: _____
 Previous SARB: Y N
 Previous SARB Date: _____

Referring District and School

District	School
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Probation: Y N ELL: Y N
 Special Ed: Y N 504: Y N

Student Information

Name (Last, First, Middle)	DOB	Age	Sex	Grade	Date of last IEP/SST meeting
Resides with	Cumulative GPA	Credit Earned		Credit Deficient <input type="checkbox"/>	Homeless or Foster <input type="checkbox"/>

Parent/Guardian Information

Mother/Guardian	DOB:	Address	Primary Phone	Other Phone
Father/Guardian	DOB:	Address	Primary Phone	Other Phone

I. Contributing Factors

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Family conflict | <input type="checkbox"/> Lack of parental involvement | <input type="checkbox"/> Student caring for younger siblings | <input type="checkbox"/> Health: student |
| <input type="checkbox"/> Economic stress | <input type="checkbox"/> Grief & loss | <input type="checkbox"/> Student is a parent | <input type="checkbox"/> Health: parent |
| <input type="checkbox"/> Student's job | <input type="checkbox"/> Substance abuse: student | <input type="checkbox"/> Negative peer influence | <input type="checkbox"/> Health: family |

II. Siblings:

Name	School	Grade	DOB	Excused Absences	Unexcused Absences

III. Summary of Attendance Problem

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

IV. 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

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/(guardian): Attended Signed SARB Contract Failed to Appear
➤ Parent/(guardian): Attended Signed SARB Contract Failed to Appear
➤ Student: Attended Signed SARB Contract 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

Date

SARB or District Contact Person	Attachments:
Name: Title: Phone: Address:	<input type="checkbox"/> Student attendance report and attendance notes <input type="checkbox"/> Student current transcript <input type="checkbox"/> Phone/Contact list <input type="checkbox"/> Student disciplinary record include dates Truancy Notification Letters were sent and who sent them <input type="checkbox"/> Copy of outside of student CUMULATIVE file (schools attended and days in attendance) <input type="checkbox"/> Copy of TMT contract <input type="checkbox"/> Copy of SARB contract <input type="checkbox"/> Pro-190 Form