

**Tuolumne County  
School Attendance Review Board**

**Confidential Referral Form**

Attendance Problem     Behavior Problem

<b>School</b>	<b>Grade</b>	<b>Age</b>	<b>Birth Date</b>
<b>Student's name</b>		<b>Phone #'s</b>	
<b>Address</b>		<b>City</b>	
<b>Father's name</b>		<b>Phone #'s</b>	
<b>Address</b>		<b>City</b>	
<b>Mother's name</b>		<b>Phone #'s</b>	
<b>Address</b>		<b>City</b>	
<b>Siblings' name(s):</b>			

<p><b>Attendance Information:</b></p> <p>Total days of possible attendance _____</p> <p>Total days of excused absence _____</p> <p>Total days of unexcused absence _____</p> <p>Total number of times tardy _____ (30 + minutes)</p>	<p><b>Behavior Information:</b></p> <p>No. of Discipline Referrals _____</p> <p>Total Days Suspended _____</p> <p>Attendance History from Previous Years: _____</p>
--	---

<p><b>Academic History:</b></p> <p>Retained    <input type="checkbox"/> Yes    <input type="checkbox"/> No    Other _____</p> <p>Translator Required    Yes    No    Other _____</p>	<p><b>Special Programs Placement:</b></p> <p>504    Yes    No    Other _____</p> <p>IEP    Yes    No    Other _____</p> <p>GATE    Yes    No    Other _____</p> <p>Medications    Yes    No    Other _____</p>
--	--

**Summary statement of possible causes of attendance or behavior problems:**

\_\_\_\_\_ \_\_\_\_\_

**Site Administrator's Signature** **Date**