

## 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>Language spoken at home</b>		<b>Source of Income</b> <input type="checkbox"/> Employment	
<b>Translator required</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> AFDC <input type="checkbox"/> Retirement <input type="checkbox"/> Other	
<b>Siblings' name(s)</b>			

<p><b>Attendance/Behavior 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>No. of Discipline Referrals    _____</p> <p>Total Days Suspended    _____</p> <p>Attendance History from Previous Years:</p>
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<p><b>Academic history:</b></p> <p>Retained?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Number of classes with D/F/U grades in the last two years</p>	<p><b>Special programs placement:</b></p> <p><input type="checkbox"/> Gate    <input type="checkbox"/> Special Day Class</p> <p><input type="checkbox"/> 504    <input type="checkbox"/> IEP</p> <p><input type="checkbox"/> Other</p>
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Medical information, medications, and dosages: \_\_\_\_\_

Summary statement of possible causes of attendance or behavior problems: \_\_\_\_\_

\_\_\_\_\_  
**Site Administrator's Signature**

\_\_\_\_\_  
**Date**