

**Tuolumne County
School Attendance Review Board SARB**

Teacher and Counselor Input

Student _____

School _____

Teacher _____ **Class/Subject** _____ **Grade** _____

Grade to Date: A ☐ B ☐ C ☐ D ☐ F ☐ **Incomplete** ☐

Remarks: Please provide thoughtful anecdotes or observations regarding the student's behavior, engagement, relationships with teachers and peers, and overall well-being in the classroom. Your insights are crucial in helping us understand the student's situation and it will greatly contribute to the effectiveness of the SARB process. Thank you for your input.

Strengths:

Weaknesses:

Supports offered:

Number of Student-Teacher Conferences

Teacher/Parent Contact

Referrals to Counselor

Referrals to Principal