

**Tuolumne County
School Attendance Review Board
SARB**

Teacher/Counselor Input

Student _____

School _____

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

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

Remarks: (Include appropriate anecdotal information regarding student/teacher relationships, Peer relationships, apparent attitudes toward school, etc.)

Number of Student-Teacher Conferences Teacher/Parent Contact

Referrals to Counselor Referrals to Principal