

Chronic Truancy Referral

Target Audience: Ages 7-17

Criteria: Identified Chronic Truants - absent without valid cause 5% of previous 180 school days of attendance.

If excessive truancy is an ongoing issue, despite supportive services being offered/provided by the school, a student is to be referred to the Regional Office of Education upon being **absent without valid cause for 5% of the previous 180 regular attendance days.** (chronic truant). Upon receipt of the referral, the ROE will immediately start the process of of the referral, the ROE will immediately start the process of responsibilities for Daily School Attendance, and begin to monitor the case with the school directly. Attendance will be monitored together, and other supporting services provided, either from the ROE direct services, or from community agencies, as appropriate and available. Continued absences will result in ongoing formal communication to the family from the ROE, the potential for a Regional Office of Education Truancy Hearing to further explore the case and supportive programs/options, or direct referral to the States Attorney, requesting charges of either Truant Minor in Need of Supervision (TMINS) or Educational Neglect.

To refer a student, please complete the following document:

- Truant Referral Data Sheet

Attach attendance reports from this school year and last school year, and grade reports from this year and last school year.

Fax all documents attention Truancy Department to 630.407.5801 or send as an e-mail attachment to truancy_referrals@dupage.k12.il.us

Once a complete referral is received, parent(s)/guardian(s) will receive the first official notification from the ROE, indicating the concerns raised to the ROE, their legal obligations for regular school attendance for their child, and possible outcomes of continued truancy. The person that initiates the referral and the school administrator will be copied on all communications, and requested to continue to inform the ROE of any further issues with school attendance.

TRUANT REFERRAL DATASHEET

Chronic Truant Referral

STUDENT INFORMATION

First Name **Last Name** **Student State ID:**
Address **Student ID:**
City **State** **Zip Code** **D.O.B.** **Grade**
Phone **Sex** **Ethnicity:**
Student's Language **Parents' Primary Lang.** **Free/Reduced Lunch?**
Student Lives With

Please fill in all information below as applicable.

PARENT/GUARDIAN INFORMATION

Mom's First Name **Mom's Last Name**
 Address same as student
Address **City** **State** **Zip Code**
Phone: (H) (C) (W)
Dad's First Name **Dad's Last Name**
 Address same as student
Address **City** **State** **Zip Code**
Phone: (H) (C) (W)
Guardian's First Name **Guardian's Last Name**
 Address same as student
Address **City** **State** **Zip Code**
Phone: (H) (C) (W)

ATTENDANCE/INTERVENTION INFORMATION

	Excused Absences	Unexcused Absences	Tardies	As of today, number of days school has been in session: <input type="text"/>
2016-17	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2015-16	<input type="text"/>	<input type="text"/>	<input type="text"/>	

504 Plan? IEP? If 'yes' to IEP or 504 Plan, please list any limitations which may affect attendance.

Please list in detail, the actions and interventions taken by the school to address this issue with the student and parents/guardians. For each, please specify **date, nature of the contact/intervention** (call home, school staffing, case study evaluation, etc.), and discussed **supports and outcomes**. Detailed student log/case notes can be provided in lieu of individually listing on form.

Date:	Nature of Contact:	Notes:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Referral Contact Information - Chronic Truant

DuPage Regional Office of Education
421 N. County Farm Road
Wheaton, IL 60187

Phone: 630.407.5800
Fax: 630.407.5801
www.dupageroe.org

Referral Date:

Referral Made By:

Title:

District Number:

School:

Address:

City: State: Zip:

Email:

Phone:

Fax:

Grade Reports and Attendance records from this year and last year are required. If student is new to the District this year please have complete record to start referral. If you are unable to provide this information please contact Angie at 630.407.5813 before submitting.

Chronic Truant = 5 % of any unexcused absences of the previous 180 days of regular attendance.

Comments: Please provide any additional information you feel is important.

When all required fields have been completed, please send the Truant Referral Datasheet, the Referral Contact Information sheet, attendance reports, grade reports, and any other pertinent information via email to truancy_referrals@dupage.k12.il.us or via fax attention Truancy Department to 630.407.5801.

You must use the attached attendance form.

2016 - 2017 School Year

AUGUST				
M	T	W	T	F
	1	2	3	4
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

SEPTEMBER				
M	T	W	T	F
			1	2
5 HOL	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

OCTOBER				
M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

NOVEMBER				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24 HOL	25 HOL
28	29	30		

DECEMBER				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23 xx
26 xx	27 xx	28 xx	29 xx	30 xx

JANUARY				
M	T	W	T	F
2 xx	3 xx	4 xx	5 xx	6 xx
9	10	11	12	13
16 HOL	17	18	19	20
23	24	25	26	27
30	31			

FEBRUARY				
M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20 HOL	21	22	23	24
27	28			

MARCH				
M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27 Spring	28 Break	29 xx	30 xx	31 xx

APRIL				
M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

MAY				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29 HOL	30	31		

JUNE				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

E=EXCUSED
U=UNEXCUSED
E5=HALF DAY EXCUSED
U5=HALF DAY UNEXCUSED
T=TARDY

2016 - 2017 School Year

2015 - 2016 School Year

AUGUST				
M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

SEPTEMBER				
M	T	W	T	F
	1	2	3	4
7 Hol	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

OCTOBER				
M	T	W	T	F
			1	2
5	6	7	8	9
12 Hol	13	14	15	16
19	20	21	22	23
26	27	28	29	30

NOVEMBER				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25 X	26 HOL	27 X
30				

DECEMBER				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21 X	22 X	23 X	24 X	25 HOL
28 X	29 X	30 X	31 X	

JANUARY				
M	T	W	T	F
				1 HOL
4	5	6	7	8
11	12	13	14	15
18 Hol	19	20	21	22
25	26	27	28	29

FEBRUARY				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15 Hol	16	17	18	19
22	23	24	25	26
29				

MARCH				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28 X	29 X	30 X	31 X	

APRIL				
M	T	W	T	F
				1 X
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

MAY				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30 HOL	31			

JUNE				
M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

E=EXCUSED U=UNEXCUSED E5=HALF DAY EXCUSED U5=HALF DAY UNEXCUSED T=TARDY
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