



# Confidential Referral Form

Agency #: \_\_\_\_\_  
 Referral Date: \_\_\_\_\_  
 Interpreter: Y  N   
 Language: \_\_\_\_\_  
 Previous SARB: Y  N   
 Previous SARB Date: \_\_\_\_\_

### Referring District and School

District	School
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504: Y  N       ELL: Y  N   
 Special Ed: Y  N       Other info: \_\_\_\_\_

### Student Information

Name (Last, First, Middle)	DOB	Age	Sex	Grade	Date of last IEP/SST meeting
Resides with	Cumulative GPA		Credit Earned	Credit Deficient <input type="checkbox"/>	Homeless or Foster <input type="checkbox"/>

### Parent/Guardian Information

Parent/Guardian	DOB:	Address	Primary Phone	Other Phone
Parent/Guardian	DOB:	Address	Primary Phone	Other Phone

### I. Contributing Factors

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Family conflict | <input type="checkbox"/> Lack of parental involvement | <input type="checkbox"/> Student caring for younger siblings | <input type="checkbox"/> Health: student |
| <input type="checkbox"/> Economic stress | <input type="checkbox"/> Grief & loss                 | <input type="checkbox"/> Student is a parent                 | <input type="checkbox"/> Health: parent  |
| <input type="checkbox"/> Student's job   | <input type="checkbox"/> Substance abuse: student     | <input type="checkbox"/> Negative peer influence             | <input type="checkbox"/> Health: family  |

### II. Siblings:

Name	School	Grade	DOB	Excused Absences	Unexcused Absences

### III. Summary of Attendance Problem

	CURRENT YEAR	AFTER SARB
Total days or periods of excused absence	DAYS/PERIODS ____	DAYS/PERIODS ____
Total days or periods of unexcused absence	DAYS/PERIODS ____	DAYS/PERIODS ____
Total number of tardies	< 30min _____	< 30min _____
	> 30min _____	> 30min _____

### IV. Attempted Interventions

The student and/or parent(s)/guardian(s) were in violation of Education Code §48200 et. seq. and the following interventions were attempted. List most recent interventions

Intervention	Date	Persons Present for Intervention	Summary
Truancy Letter 1			
AM			
SARB			
TMT			

**PLEASE ATTACH SCHOOL RECORDS OF INTERVENTIONS PROVIDED**

*To be completed by the School Attendance Review Board*

**IV. School Attendance Review Board**

Date(s) of SARB meeting(s):

Interpreter: Y  N

Language: \_\_\_\_\_

Name of interpreter: \_\_\_\_\_

➤ Parent/(guardian):  Attended  Signed SARB Contract  Failed to Appear  
Relationship to student: \_\_\_\_\_

➤ Parent/(guardian):  Attended  Signed SARB Contract  Failed to Appear  
Relationship to student: \_\_\_\_\_

➤ Student:  Attended  Signed SARB Contract  Failed to Appear

**The School Attendance Review Board elects to:**

Monitor minor's attendance.

Review minor's SARB case at later date (only when FTA occurs): \_\_\_\_\_  
Date

The District Attorney's Office for mediation and possible prosecution.

I certify under penalty of perjury under the laws of the State of California that the foregoing information is correct.

\_\_\_\_\_  
Signature of SARB Chairperson or District Representative

\_\_\_\_\_  
Date

<b>SARB or District Contact Person</b>	<b>Attachments</b>
<b>Name:</b> <b>Title:</b> <b>Phone:</b> <b>Address:</b>	<input type="checkbox"/> Student attendance report and attendance notes <input type="checkbox"/> Student current transcript/current grades <input type="checkbox"/> Phone/Contact list <input type="checkbox"/> Student disciplinary record include dates Truancy Notification Letters were sent and who sent them <input type="checkbox"/> Attendance History Summary Page <input type="checkbox"/> Copy of SARB contract <input type="checkbox"/> Copy of TMT contract <input type="checkbox"/> Other documentation: _____