



# Tuolumne County School Attendance Review Board

## Confidential Referral Form

Attendance Concerns

Behavior Concerns

Student's Name	Age	DOB	
School	Grade	SSID#	
Address	City	Zip Code	
Father's Name	Phone and Email		
Address <input type="checkbox"/> Same as above	City	Zip Code	
Mother's Name	Phone and Email		
Address <input type="checkbox"/> Same as above	City	Zip Code	
Siblings' name(s), school(s) of attendance and grade(s):			

<b>ATTENDANCE INFORMATION:</b> Total days of possible attendance _____ Total days of excused absence _____ Total days of unexcused absence _____ Total number of tardies (over 30 minutes) _____	<b>BEHAVIOR INFORMATION:</b> Total Days Suspended _____ No. of Discipline Referrals _____ <b>Behavior Intervention Plan (BIP)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ADDITIONAL STUDENT INFORMATION:</b> <b>SART</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ <b>SST</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____ <b>Homeless</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____ <b>Foster Care</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____ <b>Translator Required</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____	<b>SPECIAL PROGRAMS PLACEMENT:</b> <b>IEP</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____ <b>504</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____ <b>GATE</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____
Provide a brief overview of any factors that may be influencing the student's attendance or behavior that you believe are important for us to understand.	
_____	
_____	_____
Site Administrator's Signature	Date