

Montcalm County Juvenile Court

Truancy Diversion Referral Darrell Eck, Juvenile Services Coordinator (989) 613-0280 Email form information to deck@montcalm.us

Referral Date:						
School:		Referred by:				
District:		Position:				
Email:				ext.:		
	STUDENT	NFORMATION				
Student:		Male Female Date of Birth:				
Address:		City:	State:	: Zip:		
Phone number:	Grade:	Repeating	this grade:	o Yes		
Previously Retained: No Yes, w	vhat grade?	Is there a poss	sibility this child is h	nomeless? No Yes		
	PARENT/GUARI (Check the box indic					
Parent/Guardian Name:			Date of Birth: _			
Cell Phone:	Other Phone:		_Email:			
Address, if different from student:		City:	State	e: Zip:		
Parent/Guardian Name:			Date of Birth:			
Cell Phone:	Other Phone:	Email:				
Address, if different from student:		City:	State:	Zip:		
Please list all other siblings within the s	chool district, if applica	able:				
Student Name:	School Attend	ing:		Grade:		
Student Name:	School Attend	ing:		Grade:		
Student Name:	School Attend	ing:		Grade:		
Student Name:	School Attend	ing:		Grade:		

ATTENDANCE SUMMARY

Please attach the Attendance Detail Report and formal Attendance Letters.

Total Days Absent:
Excused: Unexcused: Medical Excused: Suspended: Tardy:
s there a history of excessive absences in previous school years? No Yes If yes was a referral completed? No Yes Previous Referral Date(s), if applicable: Previous Truancy Hearing Date(s), if applicable:
Are absences related to documented illness? No Yes Are absences related to head lice? No Yes Are absences related to behavior? No Yes Is the student currently involved with the court i.e. probation? No Yes If applicable, please provide contact information for Probation Officer:
If appropriate, please indicate Behavioral/Discipline concerns below or submit copies of records with referral:
ACADEMICS
Please Attach most recent Report Card.
Is the student meeting the grade level requirements? No Yes Middle/High School Students: Is the student failing any classes? No Yes Is the student at risk of or has lost credits? No Yes
Is student receiving Special Education services or subject to a plan that impacts the truancy process? (i.e. 504, IEP, IHP) No Yes, what services/plan?

INTERVENTIONS

Has someone from the school (teacher, principal, counselor) met with the student regarding attendance?
No Yes, date of meeting(s):
Has someone from the school (teacher, principal, counselor) met with the parent/guardian regarding their child's attendance?
No Yes, date of meeting(s):
If answered no to either question please describe in detail on the Communication Log the schools' efforts made to improve attendance prior to completing this referral.
Has the parent/guardian cooperated with the school officials and are they concerned with their child's attendance and/or behavior in school? Please Describe.
Is the student/family involved with DHHS/Child Protective Services?
No Yes, provide contact information of caseworker:
Do you believe the family would participate/benefit from the School Success Attendance Diversion Program, if eligible?
□ No □ Yes
Please indicate the Interventions the student is currently participating in, If applicable:
Attendance Group Community Counseling Services
Tutoring McKinney-Veto Services (Homeless)
Credit Recovery School Success Program
School Counselor/Social Worker Other:
The Communication / Contact Log on the next pages must be documented in <u>detail</u> with the following:

- 1. Dates of all contact and/or attempts (i.e. left message, voicemail full, phone not in service) to contact the parent/guardian and who from your building/district made contact.
- 2. Dates of informal and formal attendance letters were sent to parent/guardian.
- 3. Include any additional supports the school/district has offered/provided to improve attendance.
- 4. Attach copies of all supporting documentation including informal and formal attendance letters, an Attendance Detail Report, the most recent report card, behavioral reports, and any additional documentation viewed as necessary.

Please See Additional Link with an Example Communication Log

Montcalm County Truancy Diversion

Communication / Contact Log

Student name:	School:				
Date/Time	Describe the contact or attempt at contact	Who/Position			
		-			