

Attendance Specialist Referral Form

Student's Name _____ Referred by: _____ Date: _____

Student ID #: _____ Grade: _____ School: _____

Current Attendance Rate: _____ ☐ ELL ☐ SPED ☐ 504

1. Check the areas of concern(s):

Academic	Problem Behaviors	Contributing Factors	
reading math other (specify below)	aggressive non compliant poor attention work completion withdrawn disruptive poor attendance walks out of class other (specify below)	curriculum trauma personal loss anxiety peers family probation other (specify below)	medical poverty abuse mental health substance abuse suspected housing/ homelessness Probation Officer

2. Check the strategies tried so far & circle those that were effective:

postcard positive call home letter 1 letter 2 letter 3 letter 4 conference with counselor counselor reinforcement conference with principal home visit	principal home visit call home in room reinforcement in school intervention auto dialer modify environment/curriculum CUM file review CICO 3 x 3 agencies (specify below)	develop social skills mental health services (specify below) mentor/tutor attendance contract (attach contract) DHS report/consultation SUN SRO other (specify below)
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3. Narrative: (Brief description of the situation, and what you hope to gain.)

Counselor's or Administrator's Signature _____

(Required)