**SARB Referral Year: \_\_\_\_\_\_\_\_\_\_\_**

(Please tab through and fill in)

**Date:** Click or tap to enter a date. **School:** Click or tap here to enter text. **District: Click or tap here to enter text.**

**Student and Family Information:**

**Name:** Click or tap here to enter text. **DOB:** Click or tap here to enter text. **Age:** Click or tap here to enter text. **Grade:** Click or tap here to enter text.

**SSID#:** Click or tap here to enter text. **Gender:** Choose an item.

**Race (1):** Choose an item. **Race (2):** Choose an item. **Hispanic: Yes** [ ]  **No** [ ]

**Parent / Guardian Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.

**Primary Language:** Click or tap here to enter text. **Interpretation Needed: Yes** [ ]  **No** [ ]

 **IEP: Yes** [ ]  **No** [ ]  **IEP Attendance Goal: Yes** [ ]  **No** [ ]

|  |  |  |
| --- | --- | --- |
| **Sibling(s) Name(s)** | **Age** | **School** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Agencies/Services with which the student/family is currently involved:**

(Click to Select)

|  |  |  |
| --- | --- | --- |
| [ ]  **McKinney-Vento** | [ ]  **Medical Providers** | [ ]  **Law Enforcement** |
| [ ]  **Child Welfare/FY** | [ ]  **Mental Health Services** | [ ]  **Family Resource Center** |
| [ ]  **Probation Officer** |  |  |

(Fill in Narratives)

**Additional Supports in Place:** Click or tap here to enter text.

**Health Issues:** Click or tap here to enter text.

**Student Attendance Pattern: (**Fill in numbers or Y/N)  **Family Explanation of Barriers:** (Click to Select)

|  |  |
| --- | --- |
| Click or tap here to enter text. | **Days of expected attendance (DL/Hybird)** |
| Click or tap here to enter text. | **Days of (or %) of appropriate attendance** |
| Click or tap here to enter text. | **Days of (or %) excused absences** |
| Click or tap here to enter text. | **Days of (or %) unexcused absences** |
| Click or tap here to enter text. | **Total days (or %) absences** |
| Click or tap here to enter text. | **Number of contacts w/Parent attempted** |
| Choose an item. | **SARB 2019-2020?** |

|  |
| --- |
|[ ]  **Student attitude/Friends** |
|[ ]  **Family dynamics** |
|[ ]  **Lack of parent control/involvement**  |
|[ ]  **Economic stress** |
|[ ]  **Connectivity/Technology** |
|[ ]  **Drugs/Alcohol** |
|[ ]  **Low academic performance**  |

**Pre-SARB Mandatory Interventions/Attempts:** (Click to Select)

|  |
| --- |
|[ ]  **Student/Study Team/Care Team/School Attendance Review Team/Parent Conference** |
|[ ]  **Attendance or behavior contract with student/parent *(attach)*** |

**Required Supporting Documentation:** (Click to Select)

|  |
| --- |
|[ ]  **SARB Case Presentation Page (Eureka Board only)** |
|[ ]  **Student Attendance Records (Student Information Printout)** |
|[ ]  **Student Attendance Narrative/Summary/Logs** |
|[ ]  **Letters/Notifications to Parents** |
|[ ]  **Documentation of Parent Conference or Attempts to Hold Conference** |
|[ ]  **Class schedule and grades** |

**Recommendations to SARB:**

**Narrative:** Click or tap here to enter text.

**Principal:** Click or tap here to enter text.