**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.