(REGIONAL SARB NAME)

# SARB Referral

Date: School: District:

**Student and Family Information:**

Name of Student: Ethnicity/Race: \_\_\_\_\_\_\_\_ Gender: M F Non-Binary\_\_\_\_\_\_\_

Student SSID #: Birth Date: Age: \_\_\_\_\_\_ Grade:

Address: Phone: \_\_\_\_\_\_\_\_

Student Lives With: Father \_\_\_ Mother \_\_\_ Step-Parent \_\_\_\_ 50-50\_\_\_\_\_\_\_\_\_ Other *(specify)*

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Phone:

Primary Language: Interpreter Needed? yes no

Siblings:

*Name Age School*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Pupil’s Attendance Pattern: Suggested factors affecting attendance:

\_\_\_\_\_ Total days in attendance \_\_\_\_\_ Family dynamics

\_\_\_\_\_ Total days of possible attendance \_\_\_\_\_ Lack of parental involvement

\_\_\_\_\_ Total days of excused absences \_\_\_\_\_ Economic stress / transportation

\_\_\_\_\_ Total days of unexcused absences \_\_\_\_\_ Student’s attitude

\_\_\_\_\_ Total number of days truant tardies (>30 min) \_\_\_\_\_ Health

\_\_\_\_\_ Total days suspension \_\_\_\_\_ Drugs/alcohol

\_\_\_\_\_ SARB previous year \_\_\_\_\_ Work

\_\_\_\_\_ Total days of attendance, previous year \_\_\_\_\_ Friends

Factors Impacted By Absences: \_\_\_\_\_ Teen parent

\_\_\_\_\_ Grades/Credits \_\_\_\_\_ Academic performance low

\_\_\_\_\_ Social Relationships \_\_\_\_\_ Unknown

\_\_\_\_\_ Extracurricular/Sports

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

 McKinney-Vento  Medical Providers/Services  Law enforcement

 Child Protective Services/FY  Mental Health Services  Family Resource Center

 Probation *(Name of Probation Officer:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *)*  Other:

**Health Issues:**

**Pre-SARB Referral educational program modifications/interventions and other remedial actions:**

\_\_\_ Student Study Team/Care Team/School Attendance Review Team/Parent Conference *(date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_)*

\_\_\_ Attendance or behavior contract with student/parent *(attach)*

\_\_\_ Special programs? *(check all programs in which student has ever been enrolled)*

  Special Education *(date of most recent IEP meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)*

 \_\_\_ RSP \_\_\_ SDC \_\_\_ SED \_\_\_ Speech/Language \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Special Education Assessment in progress *(date of assessment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_)*

 “504” Plan or Assessment *(date of meeting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)*

  Functional Behavior Assessment (*date:*\_\_\_\_\_\_\_\_\_\_\_\_\_)

  Behavioral Intervention Plan *(date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)*

 Counseling (on-site or outside service\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

  Health services referral

  Family Resource Center referral

 Migrant Education *(dates:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *)*

  E.L.L: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Alternative program/class/school? *(name of program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)*

**Required supporting documentation** *(attach in order)***:**

\_\_\_ Attendance narrative/summary

\_\_\_ Attendance records

\_\_\_ Truancy letters (copies or documentation from student’s records)

\_\_\_ Agreement/Summary/Documentation of Parent Conference

\_\_\_ Academic transcript/credits/grades

\_\_\_ Student BIRTH CERTIFICATE (If this is available)

**Supplemental supporting documentation** *(optional):*

\_\_\_ Reports from outside agencies \_\_\_School Enrollment History

\_\_\_ Correspondence with parents \_\_\_Previous SARB documentation

**Recommendations to SARB:**

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Referred by: Position: