(SCHOOL LETTERHEAD)

# SUBSEQUENT SARB Referral

Date: School: District:

**Student and Family Information:**

Name of Student: Other Name: Sex: M F

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

Address: Phone:

Parent/Guardian Name:

Address: Phone:

**Factors which may have contributed to student’s attendance or behavior difficulties**:

Pupil’s Attendance Pattern: Factors affecting attendance:

\_\_\_\_\_ Total days in attendance \_\_\_\_\_ Family Problems

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

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

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

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

\_\_\_\_\_ Total periods absent \_\_\_\_\_ Drugs/alcohol

\_\_\_\_\_ Total days suspension \_\_\_\_\_ Work

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

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

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

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

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

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

 Human Services  Health Services  Law enforcement

 Child Protective Services  Mental Health  FRC:

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

**This student/family has failed to comply with the SARB agreement(s) dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Attendance records since the last SARB and notification to parent as well as relevant documentation are attached.**

**Recommendations to SARB:**

 Please set next SARB meeting  Please refer to District Attorney

Referred by: Position: