



Beltrami County Health and Human Services
616 America Ave NW Suite 330
Bemidji, MN 56601
Phone (218) 333-8300
Fax (218) 333-4295

SCHOOL TRUANCY REFERRAL FORM

Referral Date:		Student's Name:	
DOB:	Age:	Gender:	Pronouns:
Address:		Phone #:	
Native American Heritage: <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what Tribe(s):			
Student Lives With:			
Preferred Name (if other than legal):			
Mother:		DOB:	
Address:			
Phone – Cell/Other:		Email:	
Father:		DOB:	
Address:			
Phone – Cell/Other:		Email:	
Guardian Name:		DOB:	
Relationship to Student:			
Address:			
Phone – Cell/Other:		Email:	
** Guardianship paperwork must be attached			
School:	Grade:	15 day drop?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Date dropped:	
School Contact:	Number:	Email:	
Number of days unexcused this school year:		Number last year:	
History of Truancy:		What year?	
Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No		IEP: <input type="checkbox"/> Yes <input type="checkbox"/> No	
504 Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please describe/attach:	

1. *Strengths:* Please list the student's strengths, interests, and motivation:

--

2. How is truancy impacting the student?

Academically, number of classes passing/failing, social connections, etc.

3. Any mental/chemical health/parenting concerns

If so, any student's referrals & involvement with other agencies:

ex: probation, child protection, mental health, chemical health, etc.

4. What responses have been received from parent to letters/phone calls/visits?:

5. Active/Reasonable Efforts to engage / Referrals and/or services provided:

Required:

- ☐ Informed the parent/guardian in writing that the student has been absent without excuse
- ☐ Informed the parent/guardian by phone that the student has been absent without excuse
- ☐ 3-day letter
- ☐ Letter to explain truancy statute
- ☐ Scheduled a conference with the student
- ☐ Scheduled a conference with the student and parent/guardian
- ☐ Student Support Plan (written agreement with student and parent to establish school attendance requirements)
- ☐ Meeting with Student and Parent/Guardian

Additional:

- | | |
|--|--|
| <input type="checkbox"/> Attendance Support Programs | <input type="checkbox"/> Youth ACT team |
| <input type="checkbox"/> Re-engagement Programs | <input type="checkbox"/> Home visits |
| <input type="checkbox"/> Diversion program | <input type="checkbox"/> Alarm clock |
| <input type="checkbox"/> Schedule adjustment | <input type="checkbox"/> Morning calls |
| <input type="checkbox"/> Transportation assistance | <input type="checkbox"/> Referral for special education assessment |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Alternative school placement |
| <input type="checkbox"/> Changes to IEP/504 | <input type="checkbox"/> Mental health counseling/referral |
| <input type="checkbox"/> Indian Education services | <input type="checkbox"/> Chemical health referral |

- ☐ Contact with other service providers
- ☐ Letter from County Attorney's Office
- ☐ Parent coaching

- ☐ Mobile crisis
- ☐ Other: _____

Required Attachments:

- ☐ Letter to parents/guardian
- ☐ Truancy Statute letter sent to parents
- ☐ Current attendance report
- ☐ Key to attendance report
- ☐ Copy of attendance policy (for online students)
- ☐ Copy of Student Support Plan

Additional Attachments:

- ☐ IEP/504 Plan
- ☐ Custody Court Order
- ☐ Delegation of Parental Authority (DOPA)/Delegation of Powers by Parent
- ☐ Release of Information

6. Any additional information/recommendations:

Name of person requesting: _____

Signature: _____

Title: _____

Email: _____

Phone Number: _____

**** ATTACH ALL DOCUMENTS AND SEND TO: BCHHS/ Truancy
email truancy@co.beltrami.mn.us**