School Attendance Matters Referral Form

Step 1: Information Meeting (Minimum 5 unexcused) Student Information			Step 2: SART (<i>Minimum 10 unexcused</i>)			Step 3: Petitic (Minimum 15 unexcu	
Last Name	mution		First	Name		Middle Name	
Date of Birth (mn	ı/dd/yyyy)	Age (5 - 17)	Race			Gender	
Phone Number		Phon	е Туре	E-	mail		
School			Distr	ict	Grade	SSID/MARSS Number	
Learning Type	Video App (if d	istance/hybrid)	Special E	d/IEP	Interpreter Needec	Language (if interpreter is no	eeded)
Parent/Guard							••••
#1							
Last Name	First Name					Middle Name	
Street Address	Highly Mobile/Ho	useless/Project RI	EACH (City		Zip Code	
Phone Number		Phon	е Туре	E-	mail		
#2							
Last Name			First 1	Name		Middle Name	
Street Address	same as above		(City		Zip Code	
Phone Number		Phon	е Туре	E-	mail		
Attendance In	formation					Yes	No
Interventions At	tempted & Date				<u>Have attendan</u>	<u>ce expectations been</u>	110
Alert Letter	÷	Unex	cused Abs		clearly commu	nicated to family?	
Email		$(\geq 3 hrs n$	nissed/day =	1 full day)	Has student's a	access to required	
Phone Call					technology bee		
Home Visit					If unable to rea	ch family, were	

Comments

emergency contacts used?

A copy of the student's attendance record <u>must</u> be included for referral to be processed.

Submitted By	
Name/Title	E-mail
Phone Number	Date

.... **** 111 Info Meetings - Friday, April 18th 2024-2025 Deadlines: Petitions - Friday, March 28th SARTs - Friday, April 11th

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THIS PAGE ONLY REQUIRED FOR SART AND PETITION REFERRALS

In-School Contract Completed?

Yes (required, please attach a copy) No (please explain in comments)

How does the student get to school?

Have there been any big changes for the	e family/student recently? (check a	<u>ll that apply)</u>				
Divorce/separation	Domestic abuse/v	Domestic abuse/violence				
Death of:	Housing instabili	Housing instability/homelessness				
Job loss/unemployment	None/unknown					
Physical/mental health problems	Other (explain in a	Other (explain in comments)				
How is the student doing academically?						
Above grade level	At grade level	Below grade level (explain in comments)				
How is the student doing behaviorally? (check all that apply)						
Attention/concentration problems	Victim of bullying	Disruptive in class				
Trouble keeping up with school work	Instigator of bullying	Leaves class without permission/				
Refuses to complete school work	Physical aggression towards	staff wanders building				
At risk of failing classes	Physical aggression towards	peers No behavioral concerns				
Little or no social connections	Suspected substance abuse	Other (explain in comments)				
School interventions attempted: (check all that apply)						
Individual behavior/academic contrac	et Offered school counseling	Transportation services explored				
Engage student in social/support grou	nps Referrals to community prog					
Arranged tutoring/mentoring services	Modified class schedule	how to call in/use cultural liason				
Offered school mental health services	Initiated special ed testing	Other/None (explain in comments)				

Describe the contact with, or attempts to contact, the parent/guardian(s) about attendance & their response:

Additional comments/concerns:

A copy of the student's attendance record <u>must</u> be included for referral to be processed.

<u>Submitted By</u>			
Name/Title		Email	
Phone Number		Date	
*****	*****		*****
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