



School Truancy Referral

Office of Student and Family Support and Engagement
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 560-11
October 2016

INSTRUCTIONS: TO BE COMPLETED BY SCHOOL PERSONNEL. Attach copies of SR 1, Side 2, *Attendance Data*, SR 2, *Elementary Performance*, SR 4, *Test Record*, and any documentation related to attendance (report cards, attendance printouts, telephone logs, etc.).

PART I—REFERRAL DATA

Student's name _____ School _____ MCPS ID# _____

Address _____ City _____ State _____ Zip _____

Date of Birth ____/____/____ Age ____ Grade ____ Special Education 504

PARENT/GUARDIAN INFORMATION

Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Phone Home ____-____-____ Work ____-____-____ Primary Language _____ Interpreter Needed

Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Phone Home ____-____-____ Work ____-____-____ Primary Language _____ Interpreter Needed

SIBLING INFORMATION

Are there concerns regarding attendance of siblings? If yes, provide name(s), grade, school, an relevant attendance information.

REASON FOR REFERRAL

Give brief statement of the problem, summarizing attendance data

Comment on the area in which the student is most successful

PART II—SCHOOL STRATEGIES

NOTE: Individual schools should attempt to use as many of the following best practices as possible before consulting with Pupil Personnel Worker (PPW) for attendance support. Attach documentation.

PHONE CONTACT: List All Dates

____/____/____ Attendance secretary

____/____/____ Teacher

____/____/____ Counselor

____/____/____ Program coordinator

____/____/____ Administrator

____/____/____ PPW

____/____/____ Nurse

____/____/____ Other _____

WRITTEN NOTIFICATION

____/____/____ Attendance letters sent

IN-PERSON CONTACTS: List All Dates

____/____/____ Staff/student conference

____/____/____ Teacher/parent/guardian conference

____/____/____ Administrator/parent/guardian conference

____/____/____ Counselor/parent/guardian conference

____/____/____ PPW/parent/guardian conference

____/____/____ Home visits

____/____/____ Team meetings Parents/Guardians attended Yes No

OTHER: List All Dates

____/____/____ Contract or reward system

____/____/____ Referral to EMT or CAP

____/____/____ Parent/guardian attended

Yes No

____/____/____ Mentoring

____/____/____ Individual or group counseling

____/____/____ Medical documentation requested

____/____/____ Referred for health or mental health services (Agency name) _____

____/____/____ Referral to Linkage to Learning Parent attended Yes No

____/____/____ Parent followed through on referral Yes No

PART III—REFERRAL TO STUDENT SERVICES FOR INTERAGENCY INTERVENTION

SEND TO PUPIL PERSONNEL WORKER (PPW)

Principal Signature _____ Date ____/____/____

Contact Person _____ Phone ____-____-____

RECOMMENDATION: Return to school for further documentation/action Refer to Truancy Review Board Date ____/____/____

PPW Signature _____ Date ____/____/____

DISTRIBUTION: COPY 1/Student's folder; COPY 2/Director, Pupil Personnel Services, CESC, Room 211; COPY 3/PPW