REGIONAL OFFICE OF EDUCATION

2nd REFERRAL

Project Stay In Truancy Intervention Program

All fields on this form are required. They are required by ISBE.

Student Name _____ Student ID#/SIS_____

School: _____ Grade: _____

PARENTS/GUARDIANS: _____

ADDRESS: _____PHONE: _____

Date of 1st /Prior Referral: _____

Total school days____ Excused absences_____ Unexcused absences_____

_____

1. Attach a copy of the **school's official attendance record** for above named student. **Dates of truancy (unexcused absence) must be clearly documented.**

2. In the chart below, **indicate the dates** (and any other details) of the **school's interventions** in an attempt to end the student's truant behavior **since his/her last referral:**

Intervention	Date and other details	Intervention	Date and other details
Talked to student		Letter to parent	
Called parents		Tutoring	
Disciplinary action		Spec. ed. placement	
Incentives		Social worker	
Counseling		DCFS/Other agencies	

Other Comments: _____
_____
_____
_____
_____

SIGNATURE OF REFERRING INDIVIDUAL _____ DATE_____

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