

**Vermilion County**  
**Truancy Referral Form**

The following information **MUST be COMPLETELY filled out** before it can be processed.

Primary reason for referral: (check one)

Truant: (At least one unexcused absent)       Chronic Truant: (Truant 10% of previous 180 days)  
 Dropout       Potential dropout w/ attendance problems

**ATTENDANCE DATA:**

# of days Absent: **Excused** \_\_\_\_\_ **Unexcused** \_\_\_\_\_ **Suspended** \_\_\_\_\_ **Days Enrolled** \_\_\_\_\_

Characteristics common to school failure: (check all that apply)

<input type="checkbox"/> Low reading and/or math scores	<input type="checkbox"/> Economically challenged (public aid)
<input type="checkbox"/> High failure rate (failed at least 20% in last grading period)	<input type="checkbox"/> Discipline / Referrals
<input type="checkbox"/> Drugs / Alcohol	<input type="checkbox"/> McKenny Vinto
<input type="checkbox"/> Physical or Emotional Health issues	<input type="checkbox"/> Credit deficient
<input type="checkbox"/> Tardiness	<input type="checkbox"/> Other _____

Student has been retained (how many times \_\_\_\_\_, grades \_\_\_\_\_)

**STUDENT INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Student Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ **STATE ID #:** \_\_\_\_\_

Race:  White  Black  Hispanic  Multiracial  Other \_\_\_\_\_

Special Ed: \_\_\_\_\_ – IEP Date: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Custodial Parent/Guardian \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Siblings Names/School/Grade \_\_\_\_\_

Please List the DATES of Interventions Provided:

Parent Contact (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Principal Student Conference \_\_\_\_\_

Social Worker/Attendance Coordinator & Student Conferences \_\_\_\_\_

Home Visits \_\_\_\_\_

School/Truant Officer/Student and or Parent Conferences \_\_\_\_\_

Classroom Interventions/Incentives \_\_\_\_\_

Referral to Social Service Agency. Please list agency, contact person & Date.

\_\_\_\_\_  
\_\_\_\_\_

Comments/Additional Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PLEASE ATTACH ATTENDANCE RECORD indicating: EXCUSED / UNEXCUSED ABSENSES & TOTAL DAYS ENROLLED

HIGH SCHOOL STUDENTS, PLEASE PROVIDE THE CREDITS LEFT FOR THE STUDENT TO GRADUATE / THE NUMBER OF CREDITS ATTEMPTED AND NUMBER OF CREDITS EARNED AS OF THIS DATE.

PLEASE ATTACH ANY DISCIPLINE RECORDS

Signature of Building Administrator: \_\_\_\_\_

Referring School: \_\_\_\_\_ Date: \_\_\_\_\_

Please return referral form to:

**Heidi Allen, Vermilion County Truancy Officer**

Regional Office of Education • 200 South College, Suite B • Danville, Illinois 61832

Phone: 217/431-2668 Ext. 418 • Fax: 217/431-2671

Website: [www.roe54.org](http://www.roe54.org) • email: [hallen@roe54.org](mailto:hallen@roe54.org)