

Eaton County Truancy Intervention Program (TIP)
CONFIDENTIAL INFORMATION

Date of Referral: _____

District: _____ Building: _____

Administrator making referral: _____ Direct Phone #: _____

Student Name: _____

Grade: _____ Sex: _____ (male/female/nonbinary) Student DOB: _____

Do the parents live together? _____ (yes or no)

With whom does the student reside: _____ (mother/father/both/other. If other see below)

Mother's Name: _____ Father's Name: _____

Email: _____ Email: _____

Address: _____ Address (if different): _____

City/State/Zip: _____ City/State/Zip: _____

Phone: _____ Phone: _____

Mother's DOB: _____ Father's DOB: _____

Does the student reside with a guardian(s)/other? _____ (yes/no)

If yes, what is the guardian(s)/other name, address, phone, email:

All information should be school year to date of referral:

Total _____ # of days suspended – DO NOT include this number below.

Total _____ # of medical absences (notes have been provided) – DO NOT include this number below.

Total FULL days absent _____ (This is every hour of the day NOT included in above numbers)

Total ½ days absent _____ (This is entire am or entire pm NOT included in above numbers)

Total _____ # of full days "Unexcused" noted above?

Total _____ # of ½ days "Unexcused" noted above?

Total _____ # of Tardies (a tardy should not be included in any numbers above)

Summary of other relevant information TIP should know: _____

1. Are most absences related to a *documented* illness? _____ (yes/no)
2. Have the parents cooperated with school officials and are they concerned about their child's attendance or behavior in school? _____ (yes/no)

3. Has the student been tested for special education/504 services? _____ (yes/no)
4. Is student receiving services? _____ (yes/no)
5. Does the student have fixed, adequate and/or regular housing? _____ (yes/no)
6. Has the parent been notified that the school is obligated by law to make a truancy/educational neglect referral? _____ (yes/no)
7. Notes are readily available documenting conversations and meetings for court review if requested. _____ (yes/no)
8. Are there sibling(s) in this school district who **have been** or **should be** referred for Truancy intervention? _____ (yes/no)

*(Recommended timeframe – 1st letter at 5-10 days undocumented/unexcused absences and 2nd letter at 10-15 days undocumented/unexcused absences and referral to Truancy before the 20th day)

List date of occurrence:

_____ Warning letter sent to parent(s)/guardian(s) informing of truancy issue

_____ 2nd warning letter sent informing of referral to Truancy is imminent.

_____ Virtual or in-person meeting with parent(s)/guardian(s), school officials, and student (if age appropriate 11 or older), was held to discuss and improve attendance.

List number of occurrences:

_____ phone call(s) to parent(s)/guardian(s) where discussion occurred regarding truancy. (does not include leaving a voicemail)

Eaton County residence has been verified. _____ (yes/no)

Forms to attach to this referral (please check completion):

_____ Attendance (school year to date)

_____ Grades

_____ Warning letters

Other forms you may want to attach or keep readily available:

_____ Documented Intervention efforts

_____ Success plan if applicable

Please submit this form along with all documentation by email to:

hdean@eatonresa.org and lmarshall@eatonresa.org

Eaton RESA
Eaton County Truancy Intervention Program
1790 Packard Highway
Charlotte, MI 48813
517.541.8920
Fax: 517.543.4870

*Recommended timeframes have shown to reflect optimal service with parent/student for positive outcome.