

ROE #11/AIM Referral Form for Truancy

Building principals will refer truants (as documented by school attendance records) to the AIM program. **Students with two or more characteristics common to school failure will receive priority.**

Primary reason for referral (check one):

- Truant: Has at least one unexcused absence Chronic Truant: Truant for school 5% of previous 180 days

Characteristics common to school failure: Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Low reading and/or math scores | <input type="checkbox"/> Multiple discipline referrals |
| <input type="checkbox"/> Economically challenged under NSL program | <input type="checkbox"/> IEP |
| <input type="checkbox"/> Started school year in another school | <input type="checkbox"/> Suspensions |
| <input type="checkbox"/> Lack of interest/motivation in school | <input type="checkbox"/> Unstable family (broken home, single parent, homeless) |
| <input type="checkbox"/> Student has been retained: Number of times _____, grade(s) _____ | |

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Student Address: _____ City: _____ Zip Code: _____

Date of Birth: _____ Grade: _____ Gender: _____ **SIS#:** _____

PARENT/GUARDIAN INFORMATION

Father's Name _____ Mother's Name _____

Father's Address _____ Mother's Address _____

Father's Phone _____ Mother's Phone _____

Students will be referred to AIM as a continuum of local intervention efforts that are falling short of desired outcomes. If interventions fail, the program and school will be **jointly responsible** to ensure that students and/or their parents face firm sanctions for truancy. **Documentation** of intervention efforts should be maintained at the school. **Please check all interventions that have been provided by the school prior to the initial referral.**

- | | |
|---|---|
| <input type="checkbox"/> Principal/Student Conferences | <input type="checkbox"/> Home Visits: Dates: _____, _____, _____ |
| <input type="checkbox"/> Parent Contacts by Phone or Letter | <input type="checkbox"/> Classroom Interventions/Individualized Plans |
| <input type="checkbox"/> Counselor/Student Conferences | <input type="checkbox"/> Attendance Behavior Modification Plans |
| <input type="checkbox"/> Community/Agency Collaborations: Name of Agency: _____ | |
| <input type="checkbox"/> Comments/Additional Information: _____ | |

Please attach attendance record. Indicate truant or unexcused dates. Students below 90% attendance due to unexcused absences will automatically receive a Warning Letter from the Regional Office of Education #11.

Signature of **Building Administrator**: _____

Referring School: _____ Date: _____

Please return this referral form to: Dr. Kyle Thompson, Assistant Regional Superintendent
Regional Office of Education #11
730 7th Street
Charleston, IL 61920

This form can also be saved/scanned and emailed as an attachment to: kthompson@roe11.org