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**KANDIYOHI COUNTY TRUANCY REFERRAL FORM**

This form is to be completed when the student has five or more unexcused absences on separate days and at a minimum a letter has been sent, a phone call (other than an automated phone call) has been made, and there has been a meeting (or attempted) regarding truancy has been held. Please submit an updated referral at seven days absent.

Date of Referral: \_\_\_\_\_

Initial Truancy Intervention Referral  
 Educational Neglect/Truancy Court Petition Referral

Student Information:			
Student Name:	DOB:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female
School:	Grade:	IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Days Unexcused:	Kandiyohi County Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Partial Days Unexcused:	Native American Heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Student's Home Address:			
Student's Cell Phone #:		Student's Email Address:	
Custodial Parent and/or Guardian Information:			
Mother's Name:		Father's Name:	
Custodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Custodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mother's Home Address:		Father's Home Address:	
Mother's Home Phone #:		Father's Home Phone #:	
Mother's Work Phone #:		Father's Work Phone #:	
Mother's Cell Phone #:		Father's Cell Phone #:	
Mother's Email Address:		Father's Email Address:	
Emergency Contact Information:			
Name of Emergency Contact 1:		Emergency Contact 1 Phone #:	
Name of Emergency Contact 2:		Emergency Contact 2 Phone #:	
Sibling Information:			
Name:	DOB:	School:	Grade:
Name:	DOB:	School:	Grade:
Name:	DOB:	School:	Grade:
Name:	DOB:	School:	Grade:

**Primary Language Information:**

<b>Primary Language at home:</b>	<b>Interpreter Services Needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Intervention/Efforts:**

- Informed the parent(s)/guardian(s):
  - in writing and/or
  - By phone that the student has been absent without excuse.
- Scheduled a conference with the student.
- Scheduled a conference with the student and parent(s)/guardian(s).
- Did the School District enter into a written agreement with the student and parent that established school attendance requirements?
  - Yes (Original agreement attached)
  - No

**In addition, the School District has undertaken the following actions to eliminate or reduce the student’s absences:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Adjusted Schedule</li> <li><input type="checkbox"/> Adjusted Student’s Program:</li> <li><input type="checkbox"/> Work experience</li> <li><input type="checkbox"/> Check &amp; Connect</li> <li><input type="checkbox"/> Arranged transportation changes</li> <li><input type="checkbox"/> Provided tutoring</li> <li><input type="checkbox"/> Provided individualized instruction</li> <li><input type="checkbox"/> Conducted home visits or conference</li> <li><input type="checkbox"/> Arranged for morning calls</li> <li><input type="checkbox"/> Made referral for special education assessment</li> </ul> <p>Date testing completed: _____</p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> ELL Evaluation and assessment</li> <li><input type="checkbox"/> Offered special programs: _____</li> <li><input type="checkbox"/> Alternative school referral</li> <li><input type="checkbox"/> Retention and retrieval programs</li> <li><input type="checkbox"/> Counseling-chemical dependency/mental health</li> <li><input type="checkbox"/> Contacted the student’s probation officer/social worker</li> <li><input type="checkbox"/> Reviewed/made changes to current IEP</li> <li><input type="checkbox"/> Requested SRO/law enforcement assistance</li> <li><input type="checkbox"/> Referral to school based mental health worker</li> <li><input type="checkbox"/> PSOP Referral</li> </ul> |
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Referring School & Address	Telephone Number	Contact Person	Date

**Please attach copies of:**

- Student’s Attendance Record
- Attendance Alert Letter
- In School Attendance Contracts
- Verify student/parent contact information is up to date
- List of contacts made to parents/guardians
- Any/All other documents regarding intervention

**Submit completed form via email to:**

[Truancy@kcmn.us](mailto:Truancy@kcmn.us)

**\*\*\*INCOMPLETE REFERRALS WILL BE RETURNED FOR COMPLETION\*\*\***