REFERRAL TRUANCY INTERVENTION PROGRAM (T.I.P.)

			Date:	
A.	DEMOGRAPHICS: Student's Name:	Race:		
	Place of Birth: Age:			
	School:			
	School Social Worker:			
	Teacher's Full Name:			
	School-aged sibling(s):			
N	<u>Date of Birth</u> <u>School</u>			
	Custodial Parent/Guardian:			
	Race: Sex: DOB:			
	Address:		A _l	ot #:
	City: Zip:	Phone:		
	Other/Custodial Parent/Guardian:			
	Race: Sex: DOB:			
	Address:		A ₁	ot #:
	City: Zip:			
	Number of unexcused absences during this school year to date:			
	Total number of tardies during this school year to date:			
_				
В.	ALL OF THE FOLLOWING DOCUMENTS ARE <u>ENCLOSED</u> The student's birth certificate	<u>)</u> WITH	THE TI	P REFERRAL:
	☐ Attendance calendar form			
	☐ A copy of the student clinic card			
	☐ Social Work Contact Summaries			
	 Copies of doctors' and/or parents' notes Copies of tardy slips and/or a tardy log (if applicable) 			
	 □ Copies of tardy slips and/or a tardy log (if applicable) □ A copy of the Attendance Notification 			
	☐ A copy of the 3-day Warning Letter			
	□ Proof of Service			
	☐ Green card			
	□ Notification of personal service			
	□ Unclaimed letter			

SCHOOL ATTENDANCE INTERVENTION CHECKLIST

Student Name:	Student #	Student #:			
Referral/Alert to Child Study	Геат via:	Portal		Staff	
Date:					
Referred By:					
3-Day Warning Letter Maile	ed:				
Parent Meeting Scheduled:	In Person		_ Telephonic _	Email	
Was Meeting Held?	_ Manner He	eld:		Date:	
By Whom:					
(Note: The meet	ing can be co	ompleted b	y any member	of the Child Study Team)	
Date Home Education Departr	ment Notified	l by Atten	dance Specialis	t:	
Frequent attempts at communi	cation betwe	en school	and the family:		
Type of Communication		e Comple		By Whom	
Other Interventions Impleme (Example: Teen Court Referral resource referral, attendance co	, schedule ch	nange, soc	ial work referra	l, tutor/mentor, community	