

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

Date: _____

A. DEMOGRAPHICS:

Student's Name: _____ Race: _____ Sex _____

Place of Birth: _____ Age: _____ DOB: _____

School: _____ Grade: _____

School Social Worker: _____

Teacher's Full Name: _____

Principal: _____

Data Entry Technician: _____

Other(s): _____

School-aged sibling(s):

Name

Date of Birth

School

<u>Name</u>	<u>Date of Birth</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Custodial Parent/Guardian: _____

Race: _____ Sex: _____ DOB: _____

Address: _____ Apt #: _____

City: _____ Zip: _____ Phone: _____

Phone: _____

Other/Custodial Parent/Guardian: _____

Race: _____ Sex: _____ DOB: _____

Address: _____ Apt #: _____

City: _____ Zip: _____ Phone: _____

Phone: _____

Number of Absences during this school year: _____

_____ Five absences in 30 days?

Date Range: _____

_____ Ten absences in 90 days?

Date Range: _____

Number of unexcused absences during this school year to date: _____

Total number of tardies during this school year to date: _____

B. ALL OF THE FOLLOWING DOCUMENTS ARE ENCLOSED WITH THE TIP REFERRAL:

- The student's birth certificate
- 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)
- 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/USPS printout for unclaimed letters

SCHOOL ATTENDANCE INTERVENTION CHECKLIST

Student Name: _____ Student #: _____

Referral/Alert to Child Study Team via: Portal _____ Staff _____

Date: _____

Referred By: _____

What interventions took place prior to the referral? (Communication with child or parent)

3-Day Warning Letter Mailed: _____

Parent Meeting Scheduled: In Person _____ Telephonic _____ Email _____

Was Meeting Held? _____ Manner Held: _____ Date: _____

By Whom: _____

(Note: The meeting can be completed by any member of the Child Study Team)

Results:

Date Home Education Department Notified by Attendance Specialist: _____

