

Barry County
Truancy Intervention Program
School Checklist

CONFIDENTIAL

Student's name _____ D.O.B. _____

School District _____ Grade _____

School _____ Date _____

Please complete the following prior to forwarding your referral to BISD for the Truancy Intervention Program. Provide documentation when appropriate.

_____ Determined the student has met your school district's definition of truant.

_____ Attempted telephone contacts with parents/guardians
Number _____ Dates _____

_____ Written notice to parents/guardians of truancy status
Number _____ Dates _____ (please attach)

_____ Conducted face-to-face meeting(s) with parents/guardians to discuss the problem. If not, please explain _____

Please list the dates and outcomes of each meeting _____

_____ Provided opportunity to discuss and determine whether an educational change would resolve the student's truancy. If not, please explain _____

_____ Home visits, if appropriate, to determine whether social problems may be the cause of the truancy.

Number _____ Dates _____

(Over)

_____ Other efforts as needed or appropriate. If yes, explain _____

_____ Completed Truancy Intervention Program Student Information Form
(Please attach)

_____ Attach print out of attendance record

_____ Written notice sent to parents/guardians that child has been referred
to Barry Intermediate School District as truant.

_____ Sent first-class mail Date sent _____

_____ Evidence of educational neglect (explanation) _____

Other comments/extenuating circumstances, if any/notes: _____

CA-60 copy not to be removed

Referral must be received by BISD by the last Thursday of the month to be eligible
for a hearing by the third Wednesday of the following month.

Attn: Truancy
BISD
535 W. Woodlawn
Hastings, MI 49058

FAX: 269-945-2575

Barry County Truancy Intervention Program
Student Information

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Identifying Data

Student's Name: _____ Phone Number: _____

Student's address: _____

Date of birth: _____ County of Residence: _____

Physical Description:

Sex: _____ Race: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Mother's Name: _____ Address: _____

Mother's Home Phone: _____ Work Phone: _____

Father's Name: _____ Address: _____

Father's Home Phone: _____ Work Phone: _____

Stepfather's Name: _____ Address: _____

Stepfather's Home Phone: _____ Work Phone: _____

Stepmother's Name: _____ Address: _____

Stepmother's Home Phone: _____ Work Phone: _____

Guardian's Name: _____ Address: _____

Guardian's Home Phone: _____ Work Phone: _____

Custody to: (please circle) Father Mother Stepfather Stepmother Other _____

*Please indicate responsible person

Has there been a divorce between parents: _____ If yes, county and state of
divorce: _____

(Over)

School Information

Name of person completing this form: _____

School District: _____

Name of School: _____ Grade of Student: _____

Average Grades: This year _____ Last year _____

Attendance (this year): Number of excused absences _____

Number of unexcused absences _____

Number of tardies _____

Attendance(last year): Number of excused absences _____

Number of unexcused absences _____

Number of tardies _____

Strengths of student:

_____ peer social skills

_____ leader

_____ sense of humor

_____ cooperative

_____ future plans

_____ academic skills

_____ fine arts skills

_____ engages adults

_____ motivated to change

_____ seeks information

_____ positive attitude

_____ verbal skills

_____ athletic skills

Student hobbies: _____

Student interests: _____

What support services for this youth does your school have in place?

_____ drug abuse recovery support group

_____ mentor

_____ tutoring

_____ individual/small group instruction

_____ extracurricular activities related to student's interests

_____ opportunities to develop personal competencies

_____ school counseling

_____ participating in outside counseling

_____ behavior plan

_____ Youth Service Bureau

_____ Parenting Program (BCMh)

_____ Mental Health Screening

