

# WATONWAN COUNTY HUMAN SERVICES

715 – 2<sup>nd</sup> AVENUE SOUTH, P.O. BOX 31

ST. JAMES, MN 56081

Phone (507) 375-3294 • Toll Free (888) 299-5941 • Fax (507) 375-7359

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## Truancy Referral Form

1. Parent contact information:

Mother: Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father: Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Student lives with:  Mother  Father  Both  Other: \_\_\_\_\_

2. Primary language spoken by the parents: \_\_\_\_\_ Interpreter needed:  Yes  No

3. Intervention taken by the school to improve attendance (letters, phone calls, home visits, etc.):

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4. Concerns from school staff (mental health concerns, bullying, substance use, problems within the home, etc.):

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5. Does student have any of the following:

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> IEP      | <input type="checkbox"/> Emotional/Behavioral Disability |
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> Behavior Problems               |
| <input type="checkbox"/> ESL      | <input type="checkbox"/> Currently Failing Courses       |