

Truancy Initial Referral & Assessment Form



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TD _ _ _ _

Identified Student Name (Last, First): _____

Date of Referral: _____

FAMILY DEMOGRAPHICS:

Student Birthdate: _____ **Age:** _____ **Sex:** _____ **Race:** _____

Primary Caregiver(s) Name(s): _____ **Relationship:** _____

Home Address(s): _____

Phone Number(s): _____

SCHOOL INFORMATION:

High School: _____ **Grade:** _____ ***If in Cyber/Tech/etc:** _____

Truancy Officer/Referral Source: _____ **Phone #/Ext.:** _____

TEP Meeting Date(s): _____ **District Magistrate:** _____

OTHER STUDENTS/PEOPLE IN THE HOME:

(Other than I.D Student/Other than Caregiver(s) Listed Above)

Name	Age	School	Name	Age	School
1.			2.		
3.			4.		

REFERRAL INFORMATION:

REASON FOR REFERRAL *(please include detailed synopsis of juvenile's current standing):*

Current Number of Absent Days as of Referral Date (Listed Above): _____/Total #

_____/Unexcused

Other Relevant Info:

_____/Excused

(Tardies/Upcoming citation/hearing dates, Sports/Clubs, Patterns of Truancy, Suspensions/Disciplinary Actions Taken, etc.)