

## Chronic Truancy Referral

**Target Audience:** Ages 7-17

**Criteria:** Identified Chronic Truants - absent without valid cause 5% of previous 180 school days of attendance.

If excessive truancy is an ongoing issue, despite supportive services being offered/provided by the school, a student is to be referred to the Regional Office of Education upon being **absent without valid cause for 5% of the previous 180 regular attendance days.** (chronic truant). Upon receipt of the referral, the ROE will immediately start the process of of the referral, the ROE will immediately start the process of responsibilities for Daily School Attendance, and begin to monitor the case with the school directly. Attendance will be monitored together, and other supporting services provided, either from the ROE direct services, or from community agencies, as appropriate and available. Continued absences will result in ongoing formal communication to the family from the ROE, the potential for a Regional Office of Education Truancy Hearing to further explore the case and supportive programs/options, or direct referral to the States Attorney, requesting charges of either Truant Minor in Need of Supervision (TMINS) or Educational Neglect.

To refer a student, please complete the following document:

- Truant Referral Data Sheet

Attach attendance reports from this school year and last school year, and grade reports from this year and last school year.

Fax all documents attention Truancy Department to (630)407-5801 or send as an e-mail attachment to [truancy\\_referrals@dupage.k12.il.us](mailto:truancy_referrals@dupage.k12.il.us).

Once a complete referral is received, parent(s)/guardian(s) will receive the first official notification from the ROE, indicating the concerns raised to the ROE, their legal obligations for regular school attendance for their child, and possible outcomes of continued truancy. The person that initiates the referral and the school administrator will be copied on all communications, and requested to continue to inform the ROE of any further issues with school attendance.

# TRUANT REFERRAL DATASHEET

Chronic Truant Referral

STUDENT INFORMATION

**First Name**  **Last Name**  **Student State ID:**   
**Address**  **Student ID:**   
**City**  **State**  **Zip Code**  **D.O.B.**  **Grade**   
**Phone**  **Sex**  **Ethnicity:**   
**Student's Language**  **Parents' Primary Lang.**  **Free/Reduced Lunch?**   
**Student Lives With**

Please fill in all information below as applicable.

PARENT/GUARDIAN INFORMATION

**Mom's First Name**  **Mom's Last Name**   
 Address same as student  
**Address**  **City**  **State**  **Zip Code**   
**Phone:** (H)  (C)  (W)   
**Dad's First Name**  **Dad's Last Name**   
 Address same as student  
**Address**  **City**  **State**  **Zip Code**   
**Phone:** (H)  (C)  (W)   
**Guardian's First Name**  **Guardian's Last Name**   
 Address same as student  
**Address**  **City**  **State**  **Zip Code**   
**Phone:** (H)  (C)  (W)

ATTENDANCE/INTERVENTION INFORMATION

	Excused Absences	Unexcused Absences	Tardies	As of today, number of days school has been in session: <input type="text"/>
2011-12	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2010-11	<input type="text"/>	<input type="text"/>	<input type="text"/>	

504 Plan?  IEP?  If 'yes' to IEP or 504 Plan, please list any limitations which may affect attendance.

Please list in detail, the actions and interventions taken by the school to address this issue with the student and parents/guardians. For each, please specify **date, nature of the contact/intervention** (call home, school staffing, case study evaluation, etc.), and discussed **supports and outcomes**. Detailed student log/case notes can be provided in lieu of individually listing on form.

Date:	Nature of Contact:	Notes:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Referral Contact Information - Chronic Truant

DuPage Regional Office of Education  
421 N. County Farm Road  
Wheaton, IL 60187

Phone: 630.407.5800  
Fax: 630.407.5801  
www.dupage.k12.il.us

Referral Date:

Referral Made By:   
Title:

District Number:

School:   
Address:   
City:  State:  Zip:

Email:   
Phone:   
Fax:

**Grade Reports and Attendance records from this year and last year are required. If student is new to the District this year please have complete record to start referral. If you are unable to provide this information please contact Donna at 630-407-5813 before submitting.**

Chronic Truant = 5 % of any unexcused absences of the previous 180 days of regular attendance.

Comments: Please provide any additional information you feel is important.

When all required fields have been completed, click Finish. Print Truant Referral Datasheet and Referral Contact Information sheet and fax along with attendance reports, grade reports and any other pertinent information attention Truancy Department to (630) 407-5801.

\*You must use the attached attendance form.\*

# 2011 - 2012 School Year

AUGUST				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

SEPTEMBER				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

OCTOBER				
M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

NOVEMBER				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

DECEMBER				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

JANUARY				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

FEBRUARY				
M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29		

MARCH				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

APRIL				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

MAY				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

JUNE				
M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

**E=EXCUSED**  
**U=UNEXCUSED**  
**E5=HALF DAY EXCUSED**  
**U5=HALF DAY UNEXCUSED**  
**T=TARDY**

## 2010 - 2011 School Year

AUGUST				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31		1	2
3	4			

SEPTEMBER				
M	T	W	T	F
		1	2	3
		5	6	7
6	7	8	9	10
X		8	9	10
13	14	15	16	17
12	13	14	15	16
20	21	22	23	24
17	18	19	20	21
27	28	29	30	
22	23	24	25	

OCTOBER				
M	T	W	T	F
				1
				26
4	5	6	7	8
27	28	29	31	31
11	12	13	14	15
X		32	33	34
18	19	20	21	22
36	37	38	39	40
25	26	27	28	29
41	42	43	44	45

NOVEMBER				
M	T	W	T	F
1	2	3	4	5
46	47	48	49	50
8	9	10	11	12
51	52	53	X	54
15	16	17	18	19
55	56	57	58	59
22	23	24	25	26
60	61	X	X	X
28	30			
62	63			

DECEMBER				
M	T	W	T	F
		1	2	3
		64	65	66
6	7	8	9	10
67	68	69	70	71
13	14	15	16	17
72	73	74	75	76
20	21	22	23	24
X	X	X	X	X
27	28	29	30	31
X	X	X	X	X

JANUARY				
M	T	W	T	F
3	4	5	6	7
77	78	79	80	X
10	11	12	13	14
81	82	83	84	85
17	18	19	20	21
X		86	87	88
24	25	26	27	28
90	91	92	93	94
31				
95				

FEBRUARY				
M	T	W	T	F
	1	2	3	4
	96	97	98	99
7	8	9	10	11
100	101	102	103	104
14	15	16	17	18
105	106	107	108	109
21	22	23	24	25
X		110	111	X
28				
113				

MARCH				
M	T	W	T	F
	1	2	3	4
	114	115	116	117
7	8	9	10	11
118	119	120	121	122
14	15	16	17	18
123	124	125	126	127
21	22	23	24	25
128	129	130	131	132
28	28	30	31	
X	X	X	X	

APRIL				
M	T	W	T	F
				1
				X
4	5	6	7	8
133	134	135	136	137
11	12	13	14	15
138	139	140	141	142
18	19	20	21	22
143	144	145	146	X
25	26	27	28	29
147	148	149	150	151

MAY				
M	T	W	T	F
2	3	4	5	6
152	153	154	155	156
9	10	11	12	13
157	158	159	160	161
16	17	18	19	20
162	163	164	165	166
23	24	25	26	27
167	169	169	170	171
30	31			
X	172			

JUNE				
M	T	W	T	F
		1	2	3
		173	174	175
6	7	8	9	10
176	177			
13	14	15	16	17
20	21	22	23	24
27	28	29	30	