

YORK COUNTY CYF TRUANCY REFERRAL

Note: Please ensure that all information is completed.
Incomplete information may add to a delay in assessment/services.

Is the family aware of this referral? Yes No

1. SUBJECT CHILD

Name: _____ DOB: _____ SSN: _____

Address: _____

Custody is with: Mother Father Both

Telephone: _____ Language: _____

School District: _____ Building: _____ Grade: _____

Number of unlawful absences at time of referral?

Existing IEP? Yes No **Existing 504 Plan?** Yes No

Any known diagnoses? Yes No **If yes, please list:**

2. SIBLING

Name: _____ DOB: _____ School District/Grade: _____

Address: _____

Does this youth have truancy concerns? Yes No

ADDITIONAL SIBLING

Name: _____ DOB: _____ School District/Grade: _____

Address: _____

Does this youth have truancy concerns? Yes No

ADDITIONAL SIBLING

Name: _____ DOB: _____ School District/Grade: _____

Address: _____

Does this youth have truancy concerns? Yes No

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3. FATHER

Full name: Primary Phone Number:

Address:

DOB: Race: Religion:

Significant issues that may impact student attendance (IE. Medical problems, court, employment):

4. MOTHER

Full Name: Primary Phone Number:

Address:

DOB: Race: Religion:

Significant issues that may impact student attendance (IE. Medical problems, court, employment):

5. ADDITIONAL FAMILY SUPPORTS

Full name: Primary Phone Number:

Address:

DOB: Race: Religion:

Significant issues that may impact student attendance (IE. Medical problems, court, employment):

6. Is school based counseling involved? Yes No

Contact Name: Contact Phone Number:

7. Additional agencies involved with the family:

Please ensure to attach the following:

Completed Student Attendance Improvement Plan

Attendance history for prior school years

Attendance for current school year

Current IEP (if applicable)

Current Report Card

Disciplinary reports for current school year

Copies of citations issued for current school year

Additional documented actions the school has taken to address the unlawful absences