YOUTH SERVICE BUREAU REFERRAL

for Truancy and Defiance of School Rules						
Name of Student Address of Student						
Grade	Gender	Date of Birth	Indian Tribe/Reserve	ation, if any	Hispanio	s Ethnicity: c or Latino? Yes
		L				
☐ Asian			White	$\Box$ Other _		
				dress (1)		
			Parent/Guardian Ad	dress (2)		
			Parent/Guardian Ad	dress (3)		
Parent/Guardian (1) Telephone Number Parent/G			none Number	Parent/G	uardian (3) Telephone	Number
erson at School			Telephone Number	e Number E-mail Address		
Special Education □ Yes □ No	PPT □ Yes □ N	PPT Dates	Parent / Guardian Attended PPT □ Yes □ No	A	Attended 504	504 Dates
<ul> <li>A referral may be filed only after the school has exhausted all available options to resolve the problem. <i>Please fill out this form in its entirety.</i></li> <li>A referral may be found insufficient if it does not include the following as required by state law including, but not limited to, Section 10-198a of the Connecticut General Statutes (C.G.S.): ("X" box if action has been taken)</li> <li>A meeting was held with the parent/guardian of the student who is truant and appropriate school personnel reviewed and evaluated the reasons for the student being truant. The meeting was held not later than 10 school days after the student's 4th unexcused absence in a month or the 10th unexcused absence in a school year.</li> <li>Child Find protocols were implemented.</li> <li>Efforts were made to engage and coordinate services and supports with community agencies that provide child and family services.</li> <li>Every year, at the beginning of the school year and upon any enrollment during the school year, the parent/guardian was informed in writing of his or her obligations under Section 10-184 of the Connecticut General Statutes.</li> <li>School personnel made reasonable efforts to notify the parent/guardian by telephone and by mail whenever the student failed to report to school on a regularly scheduled school day and no indication was received by school personnel that the student's parent/guardian was aware of the student's absence.</li> </ul>						
Type of Referral						
The family and student are being referred for the following reasons (place an "x" in the appropriate box or boxes):						
Truant (4/Month) (a student age five to eighteen, inclusive, who is enrolled in a public or private school and has four unexcused absences from school in any one month) C.G.S. Section 10-198a(a)						
Truant (10/Year) (a student age five to eighteen, inclusive, who is enrolled in a public or private school and has ten unexcused absences from school in the current school year) C.G.S. Section 10-198a(a)						
Habitually Truant (a student age five to eighteen, inclusive, who is enrolled in a public or private school and has twenty unexcused absences within a school year) C.G.S. Section 10-200						
<b>Defiant</b> (a student who has been continuously and overtly defiant of school rules)						
	Asian	Grade       Gender         Asian       Native or Pacific I         Image: Asian       Native or Pacific I         Image: Asian       Image: Asian         Image: Asian       Image: Asian	Address of Student         Grade       Gender       Date of Birth         Asian       Native Hawaiian or Pacific Islander       Black or African-Americ         One Number       Parent/Guardian (2) Telept         Terson at School       PPT Yes No       PPT Dates         Only after the school has exhausted all available       PPT Dates         Only after the school has exhausted all available       Insufficient if it does not include the following Connecticut General Statutes (C.G.S.): ("X" but do with the parent/guardian of the student who it ons for the student being truant. The meeting wence in a month or the 10th unexcused absents s were implemented.         to engage and coordinate services and suppot beginning of the school year and upon any enripoint is or her obligations under Section 10-184 made reasonable efforts to notify the parent/guardian was aware of the student's absence.         te or do not exist, please attach an explanation the are being referred for the following reaso (a student age five to eighteen, inclusive, who it per form school in the current school year) C.G.S. Sect a student age five to eighteen, inclusive, who it per form school in the current school year) C.G.S.	Address of Student         Grade       Gender       Date of Birth       Indian Tribe/Reserv.         Asian       Date of Birth       Indian Tribe/Reserv.         Asian       Native Hawaiian or Pacific Islander       Black or African-American       Parent/Guardian Ad         Parent/Guardian Ad       Parent/Guardian Ad       Parent/Guardian Ad         one Number       Parent/Guardian (2) Telephone Number       Parent/Guardian Ad         Special Education       PPT       PPT         Yes D No       PYes D No       PPT Dates       Parent / Guardian Attended PPT         One Number       Person at School       Telephone Number         Insufficient if it does not include the following as required by stat Connecticut General Statutes (C.G.S.): ("X" box if action has be do with the parent/guardian of the student who is truant and appro ons for the student being truant. The meeting was held not later ence in a month or the 10th unexcused absence in a school year s were implemented.         to engage and coordinate services and supports with communit of his or her obligations under Section 10-184 of the Connecticu nade reasonable efforts to notify the parent/guardian by telepho chool on a regularly scheduled school day and no indication war iardian was aware of the student's absence.         te or do not exist, please attach an explanation with this referral.         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If       If       If </td <th>Address of Student         Grade       Gender       Date of Birth       Indian Tribe/Reservation, if any       Student         Asian       INative Hawaiian       Black or or Pacific Islander       White       Other         Parent/Guardian Address (1)       Parent/Guardian Address (2)       Parent/Guardian Address (2)         Parent/Guardian Address (2)       Parent/Guardian Address (3)         ine Number       Parent/Guardian Address (3)         parent/Guardian Address (3)       Parent/Guardian Address (3)         special Education       PPT         Yes INO       Parent/Guardian         Attended 504       Yes INO         Yes INO       PPT Dates         Parent / Guardian Attended 504       Yes INO         Yes INO       PPT Mates         Onnexticut General Statutes (C.G.S.): ('X" box if action has been taken)         d with the parent/guardian of the student who is truant and appropriate school personnel r ons for the student being truant. 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## Attendance

List specific dates of all unexcused absences:

## **Behavior**

If this referral is based on the student's behavior and defiance of school rules and regulations, list dates and descriptions of the behavior and incidents:

#### **Community Engagement**

Document attempts to engage community agencies providing child and family services. List dates and agencies and provide outcomes (if known).

Date	Community Agency (Name and Town)	Service and Date	Outcome

## **Parent/Guardian Meeting**

List Dates of Parent/Guardian Meetings:		Additional Comments: (referred for special education, IEP developed, etc.):
Date of Meeting	Parent/Guardian Attendance	
	Yes No	
	Yes No	
Last PPT Date	Yes No	

# Authorization

Parent/Guardian

By signing this form, I consent to the referral of my child to the youth service bureau and authorize the school district to provide to the youth service bureau any information, including educational records, that the school district deems necessary or appropriate.

Signed	Print or Type Name	Date Signed

#### Authorized School Official

Signed	Print or Type Name	Date Signed