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| **COURT OF COMMON PLEAS**JUVENILE DIVISIONLINDA TUCCI TEODOSIO, JUDGE**SCHOOL REFERRAL FORM** |

Referral Date:

Student Name: DOB: Race: Male/Female

Mother/Guardian: Father/Guardian:

Address (City, State, Zip): , Ohio

Home: ( ) Cell: ( ) email address:

Family Speaks\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and will need an interpreter

School Name:

School Address:

***\*School Attendance:***

Total Hours Absent: Hours Excused: Hours Unexcused:

Total Days Suspended:

Is youth on: IEP 504 If so, what is the identified disability:

***\*Attach One Copy of the Following with Complaint:***

\_\_\_\_\_ Grade Card \_\_\_\_\_ Habitual Truancy Letter \_\_\_\_\_Attendance Record

\_\_\_\_\_ Discipline History

***\*Actions Taken by School:***

SCCS Referral: ­­­­­\_\_\_\_\_ Home Visits: \_\_\_\_\_ Phone Contact: \_\_\_\_\_ Habitual Letter: \_\_\_\_\_ Other:

Was there an AIP (Attendance Intervention Plan): YES NO If **“YES”**, ATTACH COPY

 **Who Should be contacted for follow up: Please include name, phone number and email address:**

***\*Comments (Include Level of Cooperation from All Parties):***

Has home address/phone been verified? YES NO Date Last Confirmed:

Has anyone verified parent/guardian as such? YES NO

Signature of School Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: