

ATTENDANCE REFERRAL

Student _____ DOB _____ Grade _____

School _____

Does this student have an **IEP**? Yes No Is this student **Self-Contained**? Yes No

Referred by _____ Referral Date _____

Does the Parent/Guardian and/or student speak English? Yes No

If not, what language _____

REASON FOR REFERRAL: *(check all that apply)*

____ Parent was a "NO SHOW" for the conference **scheduled for:** _____

Date Letter(s) mailed: _____ By whom: _____

Date Email(s) sent: _____ By whom: _____

Date Phone Call(s) placed: _____ By whom: _____

***** *(schools are required to document at least 2 attempts)* *****

____ Continued unexcused absences/tardies/early dismissals following School Intervention Plan

____ Student was withdrawn/dropped and there has been no request for records and ***all attempts to contact the parents (guardians)*** have been unsuccessful and/or there has been no response.

ATTACHMENTS:

The following should accompany this referral form *(If No Show send only the referral)*

1. School Attendance Intervention Plan signed by parent, student (if applicable), and school official(s) *(If No Show, send only the referral)*
2. South Carolina School Attendance Laws signed by parent, student (if applicable), and school official(s) *(If No Show, send only the referral)*

COMMENTS:

Please email to either carflin@boardofed.net (D3 and D5)
Or ahall@boardofed.net (D1,D2,D4)
NO COVER SHEET NEEDED
(revised 24/25)