



A t t e n d a n c e T r a c k i n g F o r m

NOTE: This form is to be initiated by the classroom teacher.

School Name	Teacher's Name	Referral Date
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Student's Name and Student No.	Primary/Homeroom Teacher	Sex	Race	Date of Birth
		Male	Asian Islander Black Multi	
		Female	Hispanic White	

Parent(s)/Guardian(s) Name	Address – include Zip Code	Phone Numbers
		Home: _____
		Work: _____
		Cell: _____

Days Absent ____/____ Days Tardy ____/____ Days Leaving Early ____/____
 Unex Ex Unex Ex Unex Ex

Teacher's Attempts to Involve Parents *(Required)*

	Dates	Results
Phone Calls		
	Dates	Results
Notes Sent Home		
	Dates	Results
E-mails		
	Dates	Results
Conferences		

Teacher's Signature _____

Date: _____

Guidance Counselor's Attempts to Involve Parents *(Required)*

	Dates	Results
Student Conference		
	Dates	Results
Parent Conference		

Guidance Counselor's Signature _____ Date: _____

Principal's/Designee's Attempts to Involve Parents *(Required)*

(This information should be DIFFERENT from all other attempts noted above. The rationale is to impress upon the parent that the case has been taken to the administrative level and could be possible referred to truancy court.)

		Dates	Results
Phone Calls			
		Dates	Results
Notes Sent Home			
		Dates	Results
E-mails			
		Dates	Results
Conferences			

Principal's/Designee's Signature _____ Date: _____

Social Worker's Attempts to Involve Parents *(Required)*

	Dates	Results
Student Conference		
	Dates	Results
Parent Conference		
	Dates	Results
Home Visit		
Identified Social Issues		
List Referred Resources		1. 2. 3.

Social Worker's Signature _____ Date: _____

