

Superintendent/Principal: { _____ }
 School: { _____ }

SARB REFERRAL: COVER SHEET

Reason for Referral: Attendance Behavior

Student Name _____

DOB _____ Grade _____ Male Female

Street Address _____

City, State _____ Zip Code _____

Home Phone _____ Resides with: Mother Father Other _____

Mother/Stepmother _____

Name Address Phone

Father/Stepfather _____

Name Address Phone

Home Language(s) _____ Interpreter Required: Yes No

Sibling Name(s) Age School Attendance and/or Conduct Problem

1. _____ Yes No / Yes No

2. _____ Yes No / Yes No

3. _____ Yes No / Yes No

Attendance Pattern Summary Current Year -As of (date) _____:

_____ # of School Days to Date

_____ # of Excused Absences

_____ # of Actual Days Attended

_____ # of Unexcused Absences

_____ # of Days Absent (FULL DAY)

_____ # of Days Unexcused Tardies > 30 minutes

_____ # of Days Suspended

(for SARB Behavior Referrals only)

➔ **Referral Packet Checklist: Your SARB Packet should contain this information:**

- | | | | |
|---|---|--|---|
| { | <input type="checkbox"/> Current Grades/Progress Report | <input type="checkbox"/> Current Year Attendance Record | } |
| | <input type="checkbox"/> Case Narrative Summary | <input type="checkbox"/> Actions Taken and Modifications Forms | |
| | <input type="checkbox"/> Communication Record | <input type="checkbox"/> Previous SARB or School Contracts | |
| | | <input type="checkbox"/> Other: _____ | |

Person who will attend SARB Meeting _____

Person Making Referral _____ Date _____