

NEWAYGO COUNTY TRUANCY PRE-REFERRAL CHECKLIST

District:	School:	Grade:
Student Name:	Birth date:	Gender:
Home Address:	City:	ZIP:
Father/Guardian Name:	Home Phone:	Cell Phone:
Home Address:	City:	ZIP:
Employer:	Employer Phone:	
Mother/Guardian Name:	Home Phone:	Cell Phone:
Home Address:	City:	ZIP:
Employer:	Employer Phone:	
Parents live together: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster parents <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Other		
Parents are divorced: <input type="checkbox"/> Yes <input type="checkbox"/> No County of Divorce:		
Guardianship (if applicable) established by: <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Probate Court/County:		Date:
Explain other living arrangements (if applicable):		
Other children in the family or household:		
	Yes	No
1. The school has sent the appropriate letters to the parent(s)/guardian(s) regarding the student's attendance (attach copies).		
2. The school has met with the student regarding attendance. (Attach attendance record/report).		
3. The school has attempted to partner with parent(s)/guardian(s) in order to improve attendance. (Attach documentation of meeting dates and discussion).		
4. The school has attempted appropriate intervention techniques.		
5. There is a prior history of excessive absences.		
6. The student is failing or at risk of losing credit. (Attach grade report or graduation audit).		
Authorized Signature:	Title:	Date:



Newaygo County Regional Educational Service Agency
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