

**ISANTI COUNTY TRUANCY
OFFENSE REPORT**

**ATTENTION:
THIS FORM MAY ONLY BE FILLED OUT BY AN OFFICIAL REPRESENTATIVE
FROM SCHOOL**

**COMPLETE THIS REPORT FOR ALL TRUANCY
CASES AND SEND TO:**

**Isanti County Probation Department (Ages 12 and up only)
555 18th Avenue SW
Cambridge, MN 55008**

Student Name (first, middle, last):

DOB: Gender: Female Male Date of Referral:

Address:

Parents/Guardians

 Mother:

 Address (if different than child):

 Phone (please list all):

 Father:

 Address (if different than child):

 Phone (please list all):

Child is living with:

Relationship to child:

School referring child for truancy:

Current Grade:

Date Range of Truancies:

COVID/DISTANCE LEARNING QUESTIONS

1. Is the student enrolled in distance learning?
2. How many unexcused absences were accumulated during in-person learning?
How many during distance learning?
3. Has the student or family reported that any household members have tested positive for COVID-19? If so, who and when?
4. Have the parents communicated to the school any reasons for the unexcused absences? If so, please summarize:
5. How has the school determined that the family has internet access?
6. How has the school determined that the student has adequate technology for distance learning, (i.e. does the student have their own computer/not shared with a sibling, etc.)?
7. Have you contacted the student/parent(s) regarding the student's distance learning?

8. Are/is the parent(s) working in or outside the home while the student is completing their distance learning?
9. What additional supports for distance learning has the school provided to address the student's needs?

**Please include a current copy of your attendance policy with the referral.

SCHOOL INTERVENTIONS

Interventions/Accommodations/Incentives and Rewards (past and current, please provide dates and any relevant information, explanations may be included on separate sheets)

- Met with Student regarding reason for absences
- Parent contacted
- Met with student and parent regarding reason for absence
- Home visit (list those present)
- Student visit with counselor or other support staff
- Transportation alternatives coordinated (please explain)
- Explanation of attendance laws and Isanti County Truancy program given to student and parents
- Incentives/rewards for positive attendance
- Behavior plan completed with student
- Modified schedule
- Work program
- Referral to alternative educational setting (ex. alternative learning center, online learning, etc.)
- Engaged in school social/support groups
- Encouraged involvement in extracurricular activities
- Arranged tutoring/mentoring services
- Lighthouse Mental Health Services
- School Chemical Health Specialist
- School Resource Officer

Were Attendance letters sent according to school district policy? Yes No

Medical documentation required by school? Yes No Date of Srv

ACADEMIC ENVIRONMENT

- Special Education Services
 - Please list disabilities:
 - Date of last IEP review:
 - Please list accommodations related to attendance:
- 504 Accommodation Plan

List accommodations related to attendance:

Last date of review:

What other efforts have been attempted?

- Title I Services Special Education Services Peer Tutoring
 Section 504 Plan Educational Assessment Informal (attach/describe plan)
 Other (explain) Interagency Services Student Assistance Team
 School Social Worker Involvement (attach plan/explanation of involvement)

What special needs does the child have (if any, please provide details if possible)?

- Medical Social
 Physical Chemical
 Other

Please list other agencies the child and/or parents have worked with such as:

Family/Social Services: Agency
 Caseworker
Corrections (probation): Agency
 Caseworker
Private Counseling: Agency
 Caseworker

Attach the child's official attendance record along with an explanation of all attendance codes, and please include any other information that may be appropriate. Attach supplemental reports, discipline records, etc. that you feel may provide useful information. It is very helpful to the court in hearing this matter to have a complete picture of the child's actions, needs, environment and general functioning.

THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Reporter Information:

Name

Telephone

Signature

The distribution of this document will remain consistent with the Minnesota Juvenile Protection Rules, Minnesota Data Privacy Act, and Health Insurance Portability and Accountability Act.