

**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, (ie 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 _____
- Other (please explain) _____

Were Attendance letters sent according to school district policy? Yes / No
 Medical documentation required by school? Yes / No Date of Letter _____

ACADEMIC ENVIRONMENT

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

