



## SCHOOL ATTENDANCE REVIEW BOARD (SARB) Referral Form

### Section 1: Referral Information

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

School Site SARB Representative (attendee): ☐ Administrator ☐ Attendance ☐ Counselor ☐ Other:

School Site: \_\_\_\_\_ School District: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Section 2: Student Information

Student (legal name): \_\_\_\_\_ CSIS #: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade level: \_\_\_\_\_ Gender: \_\_\_\_\_

### Section 3: Legal Guardianship/Family Information

(Please check birth certificate for DOBs in student's cumulative file.)

Parent name (mother): \_\_\_\_\_ DOB: \_\_\_\_\_

Parent name (father): \_\_\_\_\_ DOB: \_\_\_\_\_

Guardian name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent(s)/Guardian(s) physical address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone contact numbers:

Parent (mother) Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Parent (father) Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Guardian Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Does the student have siblings attending any school within Sutter County Schools? ☐ YES or ☐ NO

If yes, please list siblings below:

Sibling Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

### Section 5: School Services Provided

Translator required ☐ YES or ☐ NO If yes, which language: \_\_\_\_\_

[Note: If a translator is required, each school district is responsible for arranging and providing their own translator at the SARB Panel Meeting]

Did your district/school provide attendance intervention by School Resource Officer? ☐ YES or ☐ NO

If yes, outcome: \_\_\_\_\_

Did your district/school conduct a Student Attendance Review Team (SART)? ☐ YES or ☐ NO

If yes, outcome: \_\_\_\_\_

Signed SART agreement? ☐ YES or ☐ NO



## Intervention and Prevention Programs (IPP)

Did your district/school conduct a Student Study Team (SST)? ☐ YES or ☐ NO

If yes, outcome: \_\_\_\_\_

Counseling services provided? ☐ YES or ☐ NO If yes, referred to: \_\_\_\_\_

Class schedule accommodations made? ☐ YES or ☐ NO If yes, what: \_\_\_\_\_

### **Section 6: Student Social, Emotional, Health and Academic History** *[Please check off any item(s) that may apply.]*

#### *Health Related Issues:*

- ☐ Chronic Health issues: \_\_\_\_\_
- ☐ Medication(s) – please list: \_\_\_\_\_
- ☐ Medical history (as listed in Aeries): \_\_\_\_\_
- ☐ School Nurse involved with this case: ☐ Yes ☐ No  
Describe: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

#### *Behavioral Health Issues:*

- ☐ Counseling
- ☐ Medication(s) – please list: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

#### *Special Education* ***[Please bring recent copies of Special Education documents to SARB panel meeting.]***

- ☐ Existing IEP: ☐ Yes ☐ No IEP date: \_\_\_\_\_
- ☐ Assessment status: \_\_\_\_\_
- ☐ Re-evaluation dates: \_\_\_\_\_
- ☐ Services receiving – brief description: \_\_\_\_\_
- ☐ 504: ☐ Yes ☐ No 504 date: \_\_\_\_\_
- ☐ Services receiving – brief description: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_



## Intervention and Prevention Programs (IPP)

### SCHOOL ATTENDANCE REVIEW BOARD (SARB)

Person completing form: ☐ Teacher ☐ Counselor ☐ Other:

Name of student: \_\_\_\_\_

Please fill out the student report and be detailed as possible. Return form to your attendance clerk or front office. Thank you!

What is the appearance of this student when he/she arrives at school (dress, showered, fed, enough sleep, etc.)?

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Does this student complete work inside and outside class regularly?

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What is the student's attitude toward school? His/her peers?

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