

# Truancy Assessment

School: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Student \_\_\_\_\_ Form completed by: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_ Sex:  M  F

Number of days absent to date: \_\_\_\_\_ Number of days in past month: \_\_\_\_\_

Parent contacted?  Y  N  ?

Parent cooperative?  Y  N  ?

Does family have a home computer?  Y  N  ?

Are they signed up for the Family Access Program?  Y  N  ?

Is it OK for staff from the Juvenile Diversion Program to visit this student child at his/her School?  Y  N  ?


Failing classes:  Y  N  ?

Suspensions/expulsions:  Y  N  ?

Learning disability/special needs?  
 Y  N  ?

 If Native American, **Tribal Affiliation:** \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use reverse side if necessary 

Possible reason missing classes: (If known) **(Check all that apply)**

- Transportation problems
- Medical issues
- Family issues (Death, Divorce, Financial)
- Substance abuse
- Other delinquency factors
- DSS involvement
- Other- bullying, emotional, gang problems

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Positive Case Factors: \_\_\_\_\_  
(Interests, in the child's life, i.e.: sports, job, church, and hobbies)

School intervention efforts: Give a brief explanation of what has been done to work with the child/family to avoid formal action? **(Check all that apply)**

- Meet with student/parent
- Schedule changes
- Late start time
- Referral to school counselor
- Community based services (Girl's Inc., YFS, DSS, etc.)

Comments: \_\_\_\_\_  
\_\_\_\_\_