

# Referral for Violation of Compulsory Education & Request for Juvenile Court Action

Submit to: WCSD Office of Student Services.

If not complete, the referral will not be processed.

Pursuant to 53G-11-101.5 "State Compulsory Education Requirements"

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Custodial Parent(s) or Legal Guardian(s): \_\_\_\_\_

School Official(s) to appear as a witness if case goes to trial: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Counselor: \_\_\_\_\_

## ACHIEVEMENT

### ELEMENTARY ONLY:

Child two or more grade levels below in one or more basic skills (and is NOT receiving Special Education or systematic remediation). Yes  No

Child is performing above the 25th percentile of the student's age group expectations as measured by a standardized academic achievement test. Yes  No

Achievement Data Attached

### SECONDARY ONLY:

Student's GPA is less than 3.5 Yes  No

Grades Attached

## ATTENDANCE

Has the student been absent from school without valid excuse for 10 or more consecutive days? Yes  No

Has the student accumulated 5 unexcused absences or more? Yes  No

Upon mandatory notice of 5 unexcused absences did the parent meet with the school designee? Yes  No

After the parent meeting did the student miss 5 more times without a valid excuse? Yes  No

Total number of unexcused absences: \_\_\_\_\_

Attendance Report & Logs Attached

## REPORT OF ACTION TAKEN BY THE SCHOOL

As per Utah Code 53A-11-103, the duties of the school district in resolving attendance problems and seeking parental involvement shall include as reasonably feasible:

Monitoring school attendance: Date Started: \_\_\_\_\_

Mandatory notice of compulsory education violation provided to the parent through reasonable means Date: \_\_\_\_\_

Mandatory conference with parent(s) to consider alternatives/interventions: Date: \_\_\_\_\_

**INTERVENTIONS:**

\*Note: Focus on tiered interventions that address the root cause of the absenteeism (such as: **escape** from aversive situations (bullying, etc.); **avoidance** (anxiety, depression, etc.); **physical health**; **attention** seeking; more **rewarding** outside of school; family involvement and/or **barriers**; etc.)

- Reward appropriate attendance:      Date(s) : \_\_\_\_\_
- Counseling by school administrator(s):      Date(s) : \_\_\_\_\_
- Counseling by school counselor and/or psychologist:      Date(s): \_\_\_\_\_
- Adjustments to the curriculum &/or schedule to meet the needs of the student:      Date(s) : \_\_\_\_\_
- Developed/revised IEP/BIP/504 Behavior Intervention Plan:      Date(s): \_\_\_\_\_
- Attendance contract: Date: \_\_\_\_\_      Escorts to class:      Date started : \_\_\_\_\_
- Provided opportunities and assistance in completing missed assignments and academic tutoring/remediation to ease re-entry into classes:      Dates: \_\_\_\_\_
- Home Visit:      Date: \_\_\_\_\_

**ENLISTED THE ASSISTANCE OF COMMUNITY AND/OR LAW ENFORCEMENT AGENCIES:**

- Provided a list of resources available to assist parents:      Date: \_\_\_\_\_
- Voluntary participation in Attendance Mediation:      Date(s) : \_\_\_\_\_
- School Resource Officer:      Date: \_\_\_\_\_
- Community Agencies:      Date: \_\_\_\_\_

**\*\*\* See Attached Documentation including: \*\*\*  
Copy of the Mandatory Letter denoting the date sent & the Certificate of Receipt**

*Please provide a statement as to why such actions have not been tried or have failed:*

**PROPOSED PLAN OF CORRECTION**

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How should the authority of the court be used to help the school solve this problem?

- To help support state mandated attendance laws and district policy
- To hold parents and students accountable for attendance
- Consider the possibility of Educational neglect

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*School Administrator Submitting this Referral*                      *Director of Student Services*                      *Date of Approval*