

**YOUTH SERVICE BUREAU REFERRAL  
for Truancy and Defiance of School Rules**

Name of Student			Address of Student			
District Student ID	Grade	Gender	Date of Birth	Indian Tribe/Reservation, if any	Student's Ethnicity: Hispanic or Latino? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Student's Race						
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African-American <input type="checkbox"/> White <input type="checkbox"/> Other _____						
Parent/Guardian Name (1)			Parent/Guardian Address (1)			
Parent/Guardian Name (2)			Parent/Guardian Address (2)			
Parent/Guardian Name (3)			Parent/Guardian Address (3)			
Parent/Guardian (1) Telephone Number		Parent/Guardian (2) Telephone Number		Parent/Guardian (3) Telephone Number		
School Name and Contact Person at School				Telephone Number		E-mail Address
Referred for Special Education <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Education <input type="checkbox"/> Yes <input type="checkbox"/> No	PPT <input type="checkbox"/> Yes <input type="checkbox"/> No	PPT Dates	Parent / Guardian Attended PPT <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent / Guardian Attended 504 <input type="checkbox"/> Yes <input type="checkbox"/> No	504 Dates

A referral may be filed only after the school has exhausted all available options to resolve the problem. **Please fill out this form in its entirety.**

A referral may be found insufficient if it does not include the following as required by state law including, but not limited to, Section 10-198a of the Connecticut General Statutes (C.G.S.): ("X" box if action has been taken)

- A meeting was held with the parent/guardian of the student who is truant and appropriate school personnel reviewed and evaluated the reasons for the student being truant. The meeting was held not later than 10 school days after the student's 4th unexcused absence in a month or the 10th unexcused absence in a school year.
- Child Find protocols were implemented.
- Efforts were made to engage and coordinate services and supports with community agencies that provide child and family services.
- Every year, at the beginning of the school year and upon any enrollment during the school year, the parent/guardian was informed in writing of his or her obligations under Section 10-184 of the Connecticut General Statutes.
- School personnel made reasonable efforts to notify the parent/guardian by telephone and by mail whenever the student failed to report to school on a regularly scheduled school day and no indication was received by school personnel that the student's parent/guardian was aware of the student's absence.

If records are incomplete or do not exist, please attach an explanation with this referral.

**Type of Referral**

The family and student are being referred for the following reasons (place an "x" in the appropriate box or boxes):

- Truant (4/Month)** (a student age five to eighteen, inclusive, who is enrolled in a public or private school and has four unexcused absences from school in any one month) C.G.S. Section 10-198a(a)
- Truant (10/Year)** (a student age five to eighteen, inclusive, who is enrolled in a public or private school and has ten unexcused absences from school in the current school year) C.G.S. Section 10-198a(a)
- Habitually Truant** (a student age five to eighteen, inclusive, who is enrolled in a public or private school and has twenty unexcused absences within a school year) C.G.S. Section 10-200
- Defiant** (a student who has been continuously and overtly defiant of school rules)

**Attendance**

List specific dates of all unexcused absences:

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**Behavior**

If this referral is based on the student's behavior and defiance of school rules and regulations, list dates and descriptions of the behavior and incidents:

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**Community Engagement**

Document attempts to engage community agencies providing child and family services. List dates and agencies and provide outcomes (if known).

Date	Community Agency (Name and Town)	Service and Date	Outcome

**Parent/Guardian Meeting**

List Dates of Parent/Guardian Meetings:		Additional Comments: (referred for special education, IEP developed, etc.):
Date of Meeting	Parent/Guardian Attendance	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Last PPT Date	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Authorization**

**Parent/Guardian**

By signing this form, I consent to the referral of my child to the youth service bureau and authorize the school district to provide to the youth service bureau any information, including educational records, that the school district deems necessary or appropriate.

Signed	Print or Type Name	Date Signed
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**Authorized School Official**

Signed	Print or Type Name	Date Signed
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