

REPORT OF UNEXCUSED SCHOOL ABSENCES
 (Defined in KSA 72-977, 72-1111, & 72-1113)

USD #:		School:		Phone:	
Contact Person:				Title:	

(Not Necessarily Designated Reporter)

Semester:	<input type="checkbox"/>	1 st	<input type="checkbox"/>	2 nd	Dates of Unexcused Absence:				
Grade:	_____		Number of Previous Reports:		_____				
Student:	Last First M			DOB:		Sex:		Race:	
Parent(s):					Home Phone:				
Home Address:					Work Phone:				

The items checked below have been addressed by this school in an effort to correct this student's attendance problem: (Mark N/A if item is inapplicable)

<input type="checkbox"/> YES <input type="checkbox"/> N/A	The student has been made aware of his/her attendance record and has been encouraged to attend school regularly.
<input type="checkbox"/> YES <input type="checkbox"/> N/A	The student's parent/guardian has been notified (<i>via phone, letter, in-person visits</i>) the child has an attendance problem.
	Dates: _____
Describe the student's parent/guardian's response to the notice. Include any known efforts the parent/guardian has made to address the issue.	
<input type="checkbox"/> YES <input type="checkbox"/> N/A	The student has been referred to his/her counselor _____ times this semester regarding regular school attendance.
<input type="checkbox"/> YES <input type="checkbox"/> N/A	Conference(s) has/have been held with the student's parent/guardian regarding the student's attendance record.
	Dates: _____
Describe the student's parent/guardian's response to the conference. Include any known efforts the parent/guardian has made to address the issue.	
<input type="checkbox"/> YES <input type="checkbox"/> N/A	The student's class schedule has been reviewed.
<input type="checkbox"/> YES <input type="checkbox"/> N/A	A staff review has been held for this student.
	Dates: _____
<input type="checkbox"/> YES <input type="checkbox"/> N/A	The student's case has been referred to the school social worker.
Describe results of this referral. Include the parent's response and efforts to address.	
<input type="checkbox"/> YES <input type="checkbox"/> N/A	The student has been referred to the school psychologist.
Describe results of this referral:	

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<input type="checkbox"/> YES <input type="checkbox"/> N/A	Someone from school has visited the student's home.
Describe results of this visit:	
<input type="checkbox"/> YES <input type="checkbox"/> N/A	The student and/or his/her family has been referred to a community agency or organization for assistance in regular school attendance.
Describe the family's follow through with the referral and any results from the services provided:	

Additional Notes: _____

PLANNED ACTION: Use this space to inform local DCF staff of any action steps being taken with the student/family to correct the attendance problem which may or may not require DCF participation.

BACKGROUND INFORMATION: Use this space to briefly describe in general terms any circumstances in the home which relate to student's attendance problems. (i.e., unemployment, illness, divorce, death in the family, etc.)

SPECIFIC CONCERNS: Use this space to briefly describe specific problems related to this child.

Signature of Designated Reporter: _____ Date: _____

DISTRIBUTION: DCF; Parent/Custodian; School

