

**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 <sup>st</sup>	<input type="checkbox"/>	2 <sup>nd</sup>	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:

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**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.

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**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.)

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

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Signature of Designated Reporter: \_\_\_\_\_ Date: \_\_\_\_\_

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Fax to the Kansas Protection Report Center: 1-866-317-4279

OR

Complete an online report at [www.dcf.ks.gov](http://www.dcf.ks.gov), please indicate the report is for truancy and attach the 1006.

DISTRIBUTION: DCF; Parent/Custodian; School

