**SAN LUIS OBISPO COUNTY**

**TRUANCY REFERRAL**

**&**

**SARB CHECKLIST**

**STUDENT INFORMATION**

**DESIRED OUTCOME**

**ATTENDANCE RECORDS**

Packet prepared by:

Date:

Previously referred to SARB ☐ Yes ☐ No Dates:

Chronic Illness Verification form ☐ Yes ☐ No Date filed:

Does the student have a 504 Plan ☐ Yes ☐ No

Has the student **ever** had an IEP ☐ Yes ☐ No Date exited:

Does the student have an IEP ☐ Yes ☐ No Last meeting:

* IEP – At a Glance attached (If applicable)

**REQUIRED DOCUMENTS**

* DA Witness List
* Truancy Letters 1, 2, & 3
* Pre-SARB Result
* Transcript/Grades
* Student face sheet
* Attendance printout
* SARB Notification letter

**SUMMARY OF ATTENDANCE**

**Current Year**

**Previous Year**

Total days in attendance

Total days of possible attendance

Total days of **excused** absences

Total days of **unexcused** absences

Total number of days **truant**

Total period absences

Total number **tardy>30**

* Community School
* Continuation School
* County Truancy Board
* District Attorney
* Health Department
* Juvenile Citation
* Mental Health
* Parenting classes
* Other:

NAME (LAST, FIRST MIDDLE)

DOB

AGE

SEX

GRADE

ETHICITY

DRIVER’S LICENSE #

ADDRESS

CITY, STATE, ZIP

SCHOOL

DISTRICT

* Interpreter needed – Language:

LIVING WITH (STATE NAME & RELATIONSHIP)

DOB

AGE

HOME PHONE NUMBER

FATHER’S NAME (LAST, FIRST MIDDLE)

DOB

AGE

FATHER’S ADDRESS (STREET/CITY/ZIP)

MOTHER’S NAME (LAST, FIRST MIDDLE)

DOB

AGE

MOTHER’S ADDRESS (STREET/CITY/ZIP)

SIBLING’S NAME (LAST, FIRST MIDDLE)

DOB

AGE

SCHOOL

ATTENDANCE PATTERN

SIBLING’S NAME (LAST, FIRST MIDDLE)

DOB

AGE

SCHOOL

ATTENDANCE PATTERN

SIBLING’S NAME (LAST, FIRST MIDDLE)

DOB

AGE

SCHOOL

ATTENDANCE PATTERN

Request for: ☐ District SARB ☐ County Truancy Board ☐ District Attorney Complaint

FOR SLOCOE USE ONLY

Date Received: \_ Received by:

SLOCOE Case #:



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**NOTIFICATION OF TRUANCY & SUMMARY OF ACTIONS**

* **Habitual Truant** Any pupil is deemed an habitual truant who has been reported as a truant three or more times per school year, provided that no pupil shall be deemed an habitual truant unless an appropriate district officer or employee has made

**EC § 48262 conscientious effort** to hold at least one conference with a parent or guardian of the pupil and the pupil themselves.

Verification of Habitual Truant form signed into action ☐ Yes ☐ No

Date signed:

* Verification of Habitual Truant attached
* **Chronic Truant**

Any pupil of **six years** of age or more who is in **kindergarten** or any grades one to **eight** who is absent from school without valid excuse for 10 percent or more.

**EC § 48263.6**

Total number of unexcused absences:

Verification of Chronic Truant form signed into action ☐ Yes ☐ No

Total number of days enrolled:

Date signed:

Percent of schooldays missed:

* Verification of Chronic Truant attached

**Pre-SARB Meeting – Required per EC § 48262 SARB Hearing – Pursuant to EC § 48263**

Notification of Pre-SARB Letter Sent ☐ Yes ☐ No

Notification of SARB Letter Sent ☐ Yes ☐ No

Date sent:

Date sent:

Present at Pre-SARB Meeting:

* Administrator – Name:
* Parent/Guardian – Name:
* Parent/Guardian – Name:
* Pupil
* Other:
* See Pre-SARB Meeting results

Present at SARB Hearing:

* Administrator – Name:
* Parent/Guardian – Name:
* Parent/Guardian – Name:
* Pupil
* Other:
* See SARB Hearing disposition

**LETTER #3**

**EC § 48262**

3rd Notification of Truancy Letter sent ☐ Yes ☐ No Date sent:

Dates pupil was again absent or tardy more than 30 minutes from school without a valid excuse:

(A minimum of 1 is required)

**LETTER #2**

**EC § 48261**

2nd Notification of Truancy Letter sent ☐ Yes ☐ No Date sent:

Dates pupil was again absent or tardy more than 30 minutes from school without a valid excuse:

(A minimum of 2 is recommended)

**LETTER #1**

**EC § 48260(a)**

1st Notification of Truancy Letter sent ☐ Yes ☐ No Date sent:

Dates pupil was absent or tardy more than 30 minutes from school without a valid excuse:

(A minimum of 3 is required)

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**CASE SUMMARY**

**LEGAL REQUIREMENTS**

I certify under penalty of perjury under the laws of the State of California that the foregoing information is correct.

School Principal or Designee

Date

As **required** by EC § 48260.5 – The pupil’s parent(s) or guardian(s) have been notified **all** of the following:

* That the pupil is truant.
* That the parent or guardian is obligated to compel the attendance of the pupil at school.
* That parents or guardians who fail to meet this obligation may be guilty of an infraction and subject to prosecution pursuant to Article 6 (commencing with Section 48290) of Chapter 2 of Part 27.
* That alternative educational programs are available in the district.
* That the parent or guardian has the right to meet with appropriate school personnel to discuss solutions to the pupil's truancy.
* That the pupil may be subject to prosecution under Section 48264.
* That the pupil may be subject to suspension, restriction, or delay of the pupil's driving privilege pursuant to Section

13202.7 of the Vehicle Code.

* That it is recommended that the parent or guardian accompany the pupil to school and attend classes with the pupil for one day.

Provide a brief narrative of the problem, describing what steps the school has taken and interventions offered to solve the problem. Include all attempts made by the school to educate the parent(s), guardian(s), or person(s) in charge about the problem, and the family’s responses to the school and the school districts efforts.

Attach any appropriate supportive documentation, such as phone logs, discipline records, etc…