

DEWITT, LIVINGSTON & MCLEAN COUNTIES TRUANCY/OUTREACH PROGRAM

REPORT OF NON-COMPLIANCE WITH SCHOOL ATTENDANCE LAW

Forward after student has been truant from school 9 unexcused days of the previous 180 school days.
Complete the information requested:

Ruth McCartney, DeWitt, Livingston & McLean Counties Truancy/Outreach Specialist
rmccartney@rasblm.org Phone: 309.828.5807 FAX: 309.828.8564

Jim Drengwitz, DeWitt, Livingston and McLean Counties Truancy/Outreach Specialist
jdrengwitz@rasblm.org Phone: 815.575.3189 FAX: 815.842.8564

Marnie Lindsay, Office Coordinator Regional Alternative School
mlindsay@rasblm.org Phone: 309.828.5807 FAX: 309.828.8564

Attendance: Dates of trancies, both full and 1/2 days, accumulated during the previous 180 school days. Students must be truant 9 unexcused days out of the previous 180 days.

Student Name: _____

Person submitting form: _____

School & Address: _____

Email: _____

State month, day, year reporting thru

August	___	Total Days	___	Present	___	Truant	___	Absent with Valid Cause	___
September	___	Total Days	___	Present	___	Truant	___	Absent with Valid Cause	___
October	___	Total Days	___	Present	___	Truant	___	Absent with Valid Cause	___
November	___	Total Days	___	Present	___	Truant	___	Absent with Valid Cause	___
December	___	Total Days	___	Present	___	Truant	___	Absent with Valid Cause	___
January	___	Total Days	___	Present	___	Truant	___	Absent with Valid Cause	___
February	___	Total Days	___	Present	___	Truant	___	Absent with Valid Cause	___
March	___	Total Days	___	Present	___	Truant	___	Absent with Valid Cause	___
April	___	Total Days	___	Present	___	Truant	___	Absent with Valid Cause	___
May	___	Total Days	___	Present	___	Truant	___	Absent with Valid Cause	___
June	___	Total Days	___	Present	___	Truant	___	Absent with Valid Cause	___
TOTALS				Present	___	Truant	___	Absent with Valid Cause	___

SERVICES USED: DATE OFFERED/SERVICES ACCEPTED OR REFUSED (attach copies of letters, reports, staffing, etc.)

Conferences:

Principal/Student

Counselor/Student

Teacher/Student

Principal/Parent/Student

Social Worker/Parent/Student

Parent Contact:

In Person

Phone calls

Letters

School Services:

School Psychologist

Administrator/Teacher Staffing

Testing/Screening

Psychological Testing

Program Changes

Case Study Evaluation

Multidisciplinary Staffing Date: _____

Social Service referrals: _____

Mental Health, DCFS.ETC. _____

Detentions _____

In-School Suspensions _____

Out of School Suspensions _____

Other _____

He/She is not a ward of the court: Yes__ No__

If yes, name of probation officer or case worker and department _____

PLEASE REMEMBER TO ATTACH OR FAX STUDENT ATTENDANCE RECORD AND SCHOOL DISTRICT INTERVENTION DOCUMENTATION TO 309.828.8564.

DATE: