Office Truancy Referral Form
Department of Education
P.O. Box DE Hagatña, Guam 96932
SY 2012-2013

School: _____

Student's Name: _____ Grade: _____ Date: _____ Time: _____ ☐ am ☐ pm

Reported by: _____ ☐ Teacher ☐ Staff ☐ Other_____

Attempts to Address Unexcused Absences (Days 1-2, 4-5, 7-8, 10-11)
TEACHER COMMUNICATION LOG

1st ATTEMPT Teacher/Staff/School Personnel Intervention	**UNEXCUSED ABSENT DATE(S):**
☐ Student Counseled: Date: _____ Time: _____ ☐ am ☐ pm ☐ Sent Letter Home: Date: _____ ☐ Student Hand Carried: Delivered by: _____ Date: _____ ☐ Referral to PFCOP Date: _____ ☐ Parent Contacted established: ☐ Yes ☐ No Name:_____ Relationship:_____ Parent /Guardian Meeting: Date: _____ Time: _____ ☐ am ☐ pm Other:_____	*Comments:* Indicate student current academic performance. Is the student academically at risk?
Student Signature: *Date:*	*Teacher/Staff Signature:* *Date:*

2nd ATTEMPT Teacher/Staff/School Personnel Intervention:	**UNEXCUSED ABSENT DATE(S):**
☐ Student Counseled: Date: _____ Time: _____ ☐ am ☐ pm ☐ Sent Letter Home: Date: _____ ☐ Student Hand Carried: Delivered by: _____ Date: _____ ☐ Referral to PFCOP Date: _____ ☐ Parent Contacted established: ☐ Yes ☐ No Name:_____ Relationship:_____ Parent /Guardian Meeting: Date: _____ Time: _____ ☐ am ☐ pm Other:_____	*Comments:* Indicate student current academic performance. Is the student academically at risk?
Student Signature: *Date:*	*Teacher/Staff Signature:* *Date:*

3rd ATTEMPT Teacher/Staff/School Personnel Intervention	**UNEXCUSED ABSENT DATE(S):**
☐ Student Counseled: Date: _____ Time: _____ ☐ am ☐ pm ☐ Sent Letter Home: Date: _____ ☐ Student Hand Carried: Delivered by: _____ Date: _____ ☐ Referral to PFCOP Date: _____ ☐ Parent Contacted established: ☐ Yes ☐ No Name:_____ Relationship:_____ Parent /Guardian Meeting: Date: _____ Time: _____ ☐ am ☐ pm Other:_____	*Comments:* Indicate student current academic performance. Is the student academically at risk?
Student Signature: *Date:*	*Teacher/Staff Signature:* *Date:*

INDICATE UNEXCUSED ABSENCES ONLY

August					September					October					November				
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
					H	4	5	6	7	1	2	3	4	5				1	H
					10	11	12	13	14	8	9	10	11	12	5	7	7	8	9
				17	17	18	19	20	21	15	16	17	18	19	H	13	14	15	16
20	21	22	23	24	24	25	26	27	28	22	23	24	25	26	19	20	21	H	22
27	28	29	30	31						29	30	31			26	27	28	29	30

December					January					February					March				
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
3	4	5	6	H		H	2	3	4					1					1
10	11	12	13	14	7	8	9	10	11	4	5	6	7	8	4	5	6	7	8
17	18	19	20	21	14	15	16	17	18	11	12	13	14	15	11	12	13	14	15
BREAK					H	22	23	24	25	18	19	20	21	22	18	19	20	21	22
BREAK					28	29	30	31		25	26	27	28		25	26	BREAK		

April					May					June					
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	
1	2	3	4	5			1	2	3	3	4	5	6	7	**Total Days Unexcused:**
8	9	10	11	12	6	7	8	9	10	10	11	12			
15	16	17	18	19	13	14	15	16	17						_____
22	23	24	25	26	20	21	22	23	24						
29	30				H	**28**	29	30	31						

Revised as of: 7-23-12

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ADMINISTRATIVE ACTION TAKEN

SCHOOL: _____

Parent/Guardian: _____

Contact Information: Home Phone: _____ Work: _____ Cell(s): _____

Email address: _____

Home Address: _____
Physical Address Only - No Mailing Address

Students with three (3) or more unexcused absences should be referred to the administrator in charge of attendance. Submit a referral for each new set of three (3) unexcused absences; to include ALL previous unexcused absences.

TEACHER/STAFF SECTION Number of Absences	Power School Code	ADMINISTRATION USE ONLY: INTERVENTION ASSIGNED • **All Interventions Apply** • **Reference District Data Dictionary** • **Truancy Information Should be Indicated on Verification for Public Assistance**	Power School Code
☐ 3 - Unexcused Absences	20	Establish Parent Contact: Date: _____ Time: _____ Conference with Student Referral to Social Worker (PFCOP) (as needed) Truancy Notice Acknowledged and Sent Home: Date: _____ Time: _____	OTR_20
☐ 6 – Unexcused Absences	21	Mandatory Conference with Administrator and Parent Student Placed on School Attendance Contract Referral to Counselor Referral to Social Worker (PFCOP) (as needed) Truancy Notice Acknowledged and Sent Home: Date: _____ Time: _____	OTR_21
☐ 9 – Unexcused Absences	22	Mandatory Conference with Administrator Parent and School Attendance Officer: Truancy Notice signed by parent/guardian: Date: _____ Time: _____ Student Placed on School Attendance Contract Child Study Team Referral to School Psychologist (as required) Referral to Social Worker (PFCOP) (as required)	OTR_22
☐ 12 – Unexcused Absences	23	Submit Student Attendance Referral Form (SARF) to School Attendance Officer	OTR_23
☐ Beyond - 12 Unexcused Absences	24	Written Statement from Teacher(s) and/or Administrator explaining failure to address Habitual Truancy status (on the back of this form). Submit Student Attendance Referral Form (SARF) to School Attendance Officer	OTR_24

Title 17 GCA, Section 6402, Habitual truant, a pupil is habitual truant if the pupil has incurred twelve (12) or more absences in a school year, and is of compulsory age. If any pupil is a habitual truant, the principal of the pupil's school shall request the Superintendent to file a petition concerning such habitual truant in the Family Court of Guam. Failure of the parent to adhere to this law may result in a Persons in Need of Services (PINS) petition to Family Court for Educational Neglect.

BEYOND 12 DAYS UNEXCUSED ABSENCES

The following statement is issued by Administrator:

_____   _____   _____
Administrator's Signature   Date   Student's Signature   Date   Parent's Signature   Date

Revised as of: 7-23-12