

JUVENILE FAMILY CRISIS INTERVENTION UNIT
TRUANCY REFERRAL FORM

A truancy referral should only be submitted to the Juvenile/Family Crisis Intervention Unit (JFCIU) after exhausting the steps outlined in the NJ Department of Education Student Attendance Policies & Procedures Compliance Checklist.

After completing the attached form, kindly review for the following prior to submission:

- The referral form has been filled out in its entirety and no questions are left blank
 - *Referrals with missing information will be returned for completion*

- The family's contact information is listed accurately on the referral form

- The family has been notified that the referral is being submitted

- Submitter acknowledges that the Juvenile/Family Crisis Intervention Unit will expect to maintain consistent communication with submitter or designated contact person at the school

Thank You

**JUVENILE FAMILY CRISIS INTERVENTION UNIT
TRUANCY REFERRAL FORM**

Enter data into the grey boxes. Use the tab key to scroll. Save a copy before sending.

Today's Date: _____

I. Student's Name: _____ Sex: _____ Age: _____ Date of Birth: _____

Home Address: Street: _____ Town: _____ State: NJ Zip Code: _____ Grade: _____
Town Zip code

School Name & Address: _____

School Contact _____ Title _____ Phone # _____

Mother's Name _____

Address (if other than above): _____

Telephone: Home _____ Work: _____ Cell _____

Father's Name: _____

Family email: _____

Address (if other than above) : _____

Telephone: Home: _____ Work: _____ Cell: _____

Guardian (if other than parent): Name: _____ Relationship: _____

Address: _____ Phone: _____

Family Race: _____ Ethnicity: _____ Primary Language: _____

Does the family require a translator? _____

****Was parent/guardian informed that a truancy referral would be submitted? (A parent/guardian must be notified that a referral will be or was submitted.) Explain: _____**

II. **Absenteeism Patterns**: (***FILL IN** the number of **unexcused** days missed each month this year & per year for prior grades)

A. Current School Year: Sept ___ Oct ___ Nov ___ Dec ___ Jan ___ Feb ___ March ___ April ___ May ___

June ___

B. Previous School Years: K ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ 11 ___

C. Has student been retained at any point? If yes, please explain: _____

III. **CST Status** Has this student been seen by C.S.T? (If yes, give dates, status and classification): _____

IV. What has the school done to date to reduce absenteeism, as per N.J.S.A. 18A:38-25 and N.J.A.C. 6A:16-7.8:

Please state causes of youth's truancy as determined by school's investigation: _____

Please explain action plan developed by school to address truancy: _____

Please explain outcome of action plan: _____

Please explain which of the following has been done and the outcome:

Has this student's absenteeism been referred to the I&RS? _____

- Calls to family (number/outcome) _____
- Meetings with Family _____
- Counseling child _____
- Schedule and/or program change _____
- Referral to SAC or SRO _____
- Use of Truancy Officer _____
- Referral to DCPD (formerly DYFS) _____
- Municipal Court? _____ If yes date: _____ Outcome: _____
- Prior referral to JFCIU? If yes date: _____ Outcome: _____
- Other _____

Is the family currently working with any other agencies? If yes, explain _____

V. From the school's perspective, what factors (individual, family, medical, etc.) may be contributing to the school disengagement? _____

VII. What is the student's explanation of the absences? _____

VIII. What is the parent/guardian's explanation of the absences? _____

Person Completing Referral

Title

School

Phone # (include extension)

Email

*Attach Additional Pages for More Information _____