

# HOLCOMB TRUANCY PROGRAM

## CHESTER COUNTY TRUANCY REFERRAL FORM

467 Creamery Way, Exton, PA 19341

Phone # 610-363-1488 ext. 2159 Fax # 610-363-1222

Contact: Isabelle Gauthier, M.S., LMFT Program Coordinator

STUDENT:		DOB:	Grade:
ADDRESS:			
HOME PHONE:	MALE	FEMALE	RACE: Language:
PARENT/GUARDIAN:		REFERRAL SOURCE:	
CELL PHONE #:		REFERRAL PHONE:	
ALTERNATE PHONE#		REFERRAL FAX:	
SCHOOL DISTRICT :		REFERRAL EMAIL:	
NAME OF SCHOOL:		CITATION FILED?	DATE FILED:
SCHOOL CONTACT:		OUTCOME OF CITATION:	
PHONE #		District Justice:	
ACADEMIC PERFORMANCE: Passing Failing		Court Phone #:	
# OF PAST RETENTIONS:		Were previous retentions caused by attendance issues? YES NO	

### CURRENT SCHOOL YEAR:

DAYS ABSENT UNLAWFUL:	TARDIES UNLAWFUL:
DAYS ABSENT EXCUSED:	TARDIES EXCUSED:
# OF DAYS SCHOOL IN SESSION:	
Past History of Truancy: YES NO	
Describe:	
# of Detentions in Current School Year:	
# of Suspensions in Current School Year:	
# of In-School Suspensions in Current School Year:	
Reasons:	

Reason For Referral:

STUDENT ATTENDANCE IMPROVEMENT PLAN INFORMATION (Note: students MUST have a SAIP (formerly TEP) in place prior to being referred to the Truancy Program. Please provide a copy of the plan with the referral).

Date of SAIP Meeting:
Direct Interventions Done with the Student:
Direct Interventions Done in the Home:

DATE OF REFERRAL \_\_\_\_\_

<p>If there is no SAIP in place, were attempts made by school staff to initiate a meeting? YES NO If yes, please document those attempts here:</p>
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ADDITIONAL INFORMATION

<p>Other School Problems (behavior, academic):</p>
<p>Does the Student have: An IEP? YES NO                      A 504 Plan? YES NO</p> <p>If yes, what services does it include?</p>

OTHER AGENCY INVOLVEMENT:

ORGANIZATION	CONTACT	PHONE	SERVICE PROVIDED

**NOTE: If CYF is currently open, Holcomb Truancy Program cannot open case.  
Student must be kindergarten age through age 17 to be eligible for program. Students 17 & older are not eligible.**