

Chisago County Attorney's Office  
**TRUANCY COURT PETITION REFERRAL**  
 2020-2021

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Date of Referral: \_\_\_\_\_

\*\* Please fax completed form to 651.213.8401

**Student Information**

Student Full Name: \_\_\_\_\_

Gender:  Male  Female      DOB: \_\_\_\_\_      Grade: \_\_\_\_\_

**Parent/Guardian Information**

(Parent/Guardian – primary residence, if multiple)	(Parent/Guardian – secondary residence, if multiple)
Name: _____	Name: _____
Mailing Address: _____	Mailing Address: _____
City, State Zip: _____	City, State Zip: _____
Phone: _____	Phone: _____

Student Lives with:  Mother  Father  Guardian (Check all that apply)

Student has Native American Heritage:  Yes  No  Unsure Tribe (If known): \_\_\_\_\_

**Attendance Information**

ABSENCES	
Date of FIRST Unexcused Absence	
Date of MOST RECENT Unexcused Absence	
TOTAL Number of Unexcused Absences	
Number of Unexcused Absences Accumulated During Any Distance Learning Days	

**Please attach CURRENT attendance information as of the date of this referral.**

Has Student/Parent reported any exposure to or positive test for COVID-19?  No  Yes

If Yes, When? \_\_\_\_\_

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How many of Student's absences are attributed to the COVID-19 exposure or diagnosis? \_\_\_\_\_

What steps has the school taken as a result of Student's COVID-19 exposure or diagnosis?

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**School Personnel Pre-Petition Referral Efforts:** (Check all that apply. Include dates & copies, if available)

Meeting with Student       No    Yes   Date(s) \_\_\_\_\_

Communication with Parents    No    Yes   Date(s) \_\_\_\_\_       copy(s) attached

Mandated Doctor's Excuse       No    Yes   Date(s) \_\_\_\_\_       copy(s) attached

**In addition, the School District has undertaken the following actions to eliminate/reduce the student's absences:**

- |   |  |
|---|--|
| <input type="checkbox"/> Provided Electronic Device (for distance learning) | <input type="checkbox"/> Confirmed with Parent/Student that Internet/Device(s) is accessible |
| <input type="checkbox"/> Provided Written Classwork Materials               | <input type="checkbox"/> Provided Mobile Hotspot   |
| <input type="checkbox"/> Adjusted Class Schedule                            | <input type="checkbox"/> Conducted Home Visit  |
| <input type="checkbox"/> Adjusted Student's Program                         | <input type="checkbox"/> Requested SRO Assistance  |
| <input type="checkbox"/> Arranged Transportation Changes                    | <input type="checkbox"/> Referred Student to AIM   |
| <input type="checkbox"/> Provided Tutoring                                  | <input type="checkbox"/> Made Referral for SPED Assessment                                   |
| <input type="checkbox"/> Provided Individualized Instruction                | <input type="checkbox"/> Reviewed/Changed IEP  |
| <input type="checkbox"/> Engaged School Social Worker                       | <input type="checkbox"/> Referred for Counseling – Mental Health                             |
| <input type="checkbox"/> Engaged School Psychologist                        | <input type="checkbox"/> Referred for Counseling – Chemical Health                           |

Other Interventions Attempted by School:

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Describe Engagement by Parent/Guardian regarding Student's attendance:

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Further suggestions/recommendations for Student's success:

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**School/Contact Information**

Name of School: \_\_\_\_\_

School Contact/Personnel Name and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Would the School Like to be a Participant in the Truancy Proceedings:       No       Yes

QUESTIONS?

Please contact the Chisago County Attorney's Office at 651.213.8400