

Confidential SARB Referral Form

TO: Katy Foster, MCOE SARB Chair

Attendance problems
Behavior problems
Fax to: 415-491-059

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Pupil's				Sex	Grade	Age	Birthdate	
Name								
School				Birthpla	ace			
School				Bruipace				
Pupil's Address				Home telephone				
City 7:-								
City, Zip Mother's Name &				Day telephone				
Address				Buy telephone				
Father's Name &				Day telephone				
Address				Bay telephone				
	[] DI I	G G						
Student Lang. Status: [] Eng. Only [] Fluent Eng. [] ELL Primary Language spoken at home: Sources of Incon Employ:			ncome ployment					
			DC					
Ethnicity:								
Siblings' names	Age	School						
			1					
				ors affecting attendance/behavior				
See attached attendance and behavior	reports			Dru	gs/alcohol			
Total days in attendence				Economic stress				
Total days in attendance				Family problems				
Total days of possible attendance				Friends Health				
Total days of excused absence				Lack of parental involvement				
Total days of unexcused absence				Low academic performance				
Total number of days of truancy				Student attitude				
Total days of attendance, previous year				Teen Parent Unknown				
				Work				
Total days of possible attendance, previous year								
Academic history Spec				al programs placement				
Retained? Yes No				GATE		TITLE	T	
Retained:165140				SH SED				
Number of classes with D/F/U grades in last 2 years				SDC DIS				
76 11 11 6				LH		Other:		
Medical information								
FOR A SERIOUS TRUANT REFERRAL refer to the Marin County Serious Truant Continuum interventions and attach documentation of steps taken including previous SARB hearing dates, interventions and outcomes. Check here to request the special hearing for a SERIOUS TRUANT:								
Site Administrator's Name		Signature				Da	nte	