

WATERBURY PUBLIC SCHOOLS
Waterbury, Connecticut



ATTENDANCE COUNSELOR/TRUANCY SPECIALIST
HOME VISIT REFERRAL FORM

School _____

Telephone _____

Address _____

Date received by Attend. Coun./Truancy Spec. _____

Student _____ HR/Grade: _____ DOB: _____

Address _____ Telephone _____

Parent/Guardian _____

Parent Employed at _____ Telephone _____

Emergency Contact/Relationship _____ Telephone _____

Referred by: _____

Please check if appropriate: Student w/Disabilities

A HOME VISIT IS REQUESTED FOR THE FOLLOWING CHECKED REASON(S):

Absent today Parent/Guardian sign Y.S.S. "Truancy Referral Form"

Absent _____ consecutive days Notify parent conference scheduled on _____ with _____

Absent _____ days this school year
of unexcused absences _____ # of excused absences _____

Parent/Guardian complete "Reason for Absence" letter

Notify parent of Referral to Juvenile Matters for all non-attendance being considered

Other: _____

Attendance Counselor/Truancy Specialist Comments (including dates): _____

Office Use: _____

Signature/Date of completion