

**ISANTI COUNTY TRUANCY/EDUCATIONAL NEGLECT
OFFENSE REPORT**

COMPLETE THIS REPORT FOR ALL TRUANCY/EDUCATIONAL NEGLECT

CASES AND SENT TO:

Isanti County Family Services (Ages 11 and under)

Oakview Office Complex

1700 E Rum River Dr S., Suite A

Cambridge MN 55008

Isanti County Probation Department (Ages 12 and up)

555 18th Ave SW

Cambridge MN 55008

Student name: _____ DOB: _____

Sex: _____ Female _____ Male Date of Report: _____

Address: _____

Parents:

Father: _____ Phone: _____

Address: _____

Mother: _____ Phone: _____

Address: _____

Living with: _____ Relationship: _____

School: _____ Grade: _____

Truancy Date(s) – Indicate partial days by class period – in chronological order and whether the reasons for absences were excused or unexcused: (Please attach copies of letters from parents, notes of phone conversations, etc. related to absences). A computer printout, if complete, is acceptable along with any explanation needed.

A. When were the parents notified that this report was being filed? (Attach letter that was sent)

B. Document the plan and list the steps that have been taken by the school, parent(s) and child prior to filing this report to identify and alleviate reasons for absences:

1. Conferences (please attach notes and dates): _____

2. Letters (please attach notes and dates): _____

3. Verbal communication (please note the dates and general comments about phone conversations and/or parent visits): _____

4. Describe school consequences and student's compliance: _____

5. Describe how the child's absences have affected his/her academic performance: _____

6. Other: _____

C. What other efforts have been attempted, (besides mainstream classes)?

Assurance of Master	Pre-referral Problem Solving
Title I Services	Specialist Consultation (attach name and plan)
Peer Tutoring	Informal (attach/describe plan)
Educational Assessment	Teacher Assistance Team
Section 504 Plan	Interagency Services
Special Education Services	Family Facilitator
Other (Please explain on back, or attach any)	School Social Worker Involvement (attach plan/explanation of involvement)

D. What special problems does the child have (if any)? Give details when possible.

Medical _____	social (e.g. is child bullied?) _____
Physical _____	other _____

E. Please list other agencies the child and/or parents have worked with:

County Social Services	Tribal Social Services
Probation Department	Public Health
Private Counseling	Youth Service Bureau

Attach the child's official attendance record, and please include any other information that may be appropriate. Attach supplemental reports, discipline records, etc. that you feel may provide useful information. It is very helpful to the court in hearing this matter to have complete picture of the child's actions, needs, environment and general functioning.

THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Reporter Information: _____
Name Telephone

Signature