

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

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**COMPLETE THIS REPORT FOR ALL TRUANCY/EDUCATIONAL NEGLECT  
CASES AND SEND TO:**

**Isanti County Family Services (Ages 11 and under)  
Oakview Office Complex  
1700 East Rum River Drive South, Suite A  
Cambridge, MN 55008**

**Isanti County Probation Department (Ages 12 and up)  
555 18<sup>th</sup> Avenue 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:

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6. Other: \_\_\_\_\_

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

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

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

- |   |  |
|---|--|
| <input type="checkbox"/> medical _____  | <input type="checkbox"/> social (e.g. is child bullied?) _____ |
| <input type="checkbox"/> physical _____ | <input type="checkbox"/> other _____                           |

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

- |   |   |
|---|---|
| <input type="checkbox"/> County Social Services | <input type="checkbox"/> Tribal Social Services |
| <input type="checkbox"/> Probation Department   | <input type="checkbox"/> Public Health          |
| <input type="checkbox"/> Private Counseling     | <input type="checkbox"/> 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 a complete picture of the child's actions, needs, environment and general functioning.

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

Reporter Information: \_\_\_\_\_

Name

Telephone

Signature

The distribution of this document will remain consistent with the Minnesota Juvenile Protection Rules, Minnesota Data Privacy Act, and Health Insurance Portability and Accountability Act.