**DAKOTA COUNTY**

**EDUCATIONAL NEGLECT REPORTING FORM**

Please complete this entire form. Lack of information may cause this referral to be returned for more detail.

|  |  |  |
| --- | --- | --- |
| Name of Person Making Report: | | Date of Report: |
| Email of Reporter: | | |
| Position: (✓only one) Counselor Nurse Principal SW Teacher TA Other: | | |
| School Contact Person: | School Name & Address: | |
| Direct Phone Number: | School Fax Number: | |

Principal Sign Off:       Date:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student’s Name: | M F | DOB: | | Age: | | Grade: |
| Address: | City | | State | | Zip | |

|  |
| --- |
| IEP?  Yes  No & Case Manager’s/Teacher’s Name: |
| IEP Category: |

|  |
| --- |
| Student’s Siblings if any (names, ages, grades & school locations): |

|  |  |
| --- | --- |
| Mother’s Name | Father’s Name |
| Mother’s Address | Father’s Address |
| Mother’s Phone Number | Father’s Phone Number |
| Mother’s Email | Father’s Email |

|  |
| --- |
| Student’s Legal Custodian:  Mother  Father  Other: |
| Student lives with (✓all that apply):  Mother  Father  Other: |
| If Other checked, what are their names, addresses and phone numbers: |

|  |
| --- |
| Primary language at home: |
| Interpreter Needed:  Yes  No |

|  |
| --- |
| 360 Communities Learning Plan Completed?  Yes  No (If yes, please attach copy) |

**Items Required for Submitting a Child Protection Report of Educational Neglect**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | | Initial letter to family sent by the school/principal at three days unexcused absences in the parent’s/guardian’s  primary language **(please attach copy)**.  Date letter(s) sent:  Response from Parent:  Type of Learning Plan for Student (distance, Hybrid, in-person)? | | | | | |
| 2. | | At least 1 contact with the parent/guardian after the Initial Letter to the family was mailed. (During this contact the school explained the extent of the child’s attendance problem, explained the law regarding school attendance and the school’s policies and procedures regarding attendance).  Date Discussed with the parent/guardian:  Barriers to attendance?  What has school done to Resolve Barriers?  **If unsuccessful in contacting the parent/guardian to discuss attendance issues, please document your efforts and proceed with the educational neglect provided other conditions are met. \*\*If this is a second report in the same school year, what interventions have occurred since the last report \*\*** | | | | | |
|  | | Date of contact: |  | | | spoke with parent/guardian by phone | Left voice message in primary language |
|  | |  | | | | Parent/guardian came to school | School did home visit |
|  | | Outcome of contact/Reasons parent provided for attendance issues: | | | | | |
|  | Date of contact: | | |  | | spoke with parent/guardian by phone | Left voice message in primary language |
|  |  | | | | | Parent/guardian came to school | School did home visit |
|  | Outcome of contact/Reasons parent provided for attendance issues: | | | | | | |
|  | Date of contact: | | | |  | spoke with parent/guardian by phone | Left voice message in primary language |
|  |  | | | | | Parent/guardian came to school | School did home visit |
|  | Outcome of contact/Reasons parent provided for attendance issues: | | | | | | |
| 3 | | Is the school aware of any issues or concerns impacting school attendance?  Does Student have access to Distance Learning Materials/Internet? | | | | | |
|  | |  | | | | | |
| 4. | | What cultural considerations have been identified or addressed regarding school attendance? | | | | | |
|  | |  | | | | | |
| 5. | | At least **seven full days of unexcused absences from school.** Please list or attach detailed school attendance record: | | | | | |

**Please submit completed forms to: Dakota County Children & Family Intake**

**Fax:** 952-891-7192