

DAKOTA COUNTY
STATE OF MINNESOTA

DISTRICT COURT
JUVENILE COURT

NOTICE OF INITIAL HABITUAL TRUANCY

Student Information

Name _____ Date of Birth _____ Sex: Male/Female
 First Middle Last

Race: Caucasian African American Asian Hispanic Native American Other:

Address: _____ City: _____ State: MN Zip Code: _____

Student's School & Address _____

Student's Current Grade: ____ If 9th – 12th Grade, Credits earned to date: _____ Required credits to graduate: _____

Student ID Number _____

On track to graduate with class? Yes/No

Family Information

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Phone Home: _____ Phone Home: _____
 Work: _____ Work: _____
 Cell: _____ Cell: _____

Does the family read, speak and understand English? Yes/No Interpreter Needed: Yes/No
 If yes, Language: _____ Who in the family needs an interpreter? _____

THE UNDERSIGNED STATES AND INFORMS THE COURT THAT THE ABOVE NAMED CHILD HAS BEEN ABSENT FROM CLASSES WITHOUT LAWFUL EXCUSE ON THE DATES AND TIMES BELOW.

1	2	3	4	5	6	7	Parent's Comments	Student's Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

 Print Name/Title of School Representative
 (Individual who will attend court hearing if student is petitioned to court)

 Date

 Signature of School Representative

 Phone Number

 Name of School Contact Person (if different)

 Phone Number

ATTENDANCE

Grade when chronic (12+ absences) absenteeism first occurred: _____

Current Year

Last Year

Number of excused absences: _____ Unexcused: _____

Number of excused absences: _____ Unexcused: _____

Number of suspensions/dismissals: _____

Number of suspensions/dismissals: _____

Number of referrals for in-school suspension: _____

Number of days of Saturday school: _____

PRIOR INTERVENTIONS

Please check each intervention your staff has attempted.

Met with parents & student regarding truancy Date(s): _____

Contacted parent(s) on each day of absence Explanation of attendance laws Date: _____

Made home visit Date(s): _____

Individual behavior/academic contract with student Date: _____

Letter sent to parent/guardian requiring doctor's note/nurse assessment for illness

Date: _____

(Attach copy(ies) of letters)

Provided incentives/rewards for good attendance Arranged tutoring/academic mentoring services

Arranged for alternatives to out-of-school suspension Engaged student in in-school social/support groups

Referred parents/student to community programs Peer accompanying student to class

Arrange a.m. sign-in procedures with staff person Transportation alternatives

Explanation to attendance laws Enlisted assistance through Liaison Officer

Unscheduled rewards Encourage involvement in extracurricular activities

Alternative Programs (DCTC, ALC, ABE, Work Release/YTP) Name of Program _____

Other interventions attempted with student:

Summarize the outcomes of attempted interventions checked above. _____

ACADEMIC BEHAVIOR HISTORY

Attach a copy of the student's last report card and standardized test scores.

Check all that apply.

Failing grades Grade of academic decline, if obvious: _____ Current Grades: _____

Attention/concentration problems Emotional/Behavioral Disability

Behavior problems Grade behavior problems first noted: _____ Describe: _____

Learning Disability Type of disability: _____

Student has a 504 Accommodation Plan, IEP or receives other support services
Identify services, case manager's name and grade first written: _____

STUDENT/FAMILY INFORMATION

Check all statements that are true

- Parent/Guardian provides for child's basic needs
- Family utilizes available community/school resources
- Student is involved in extra-curricular activities
- Student is respectful of school staff
- Student has a support system outside of the family. (Please provide names of specific individuals you are aware of who may have supportive relationships with the student. This may include school staff.)
Name: _____ Relationship: _____
Name: _____ Relationship: _____
- Family has special circumstances that may contribute to child's absences or academic achievement (examples: chemical abuse; illness of family member; death of family member; recent divorce of parent; recent marriage of parent; etc.) Please describe: _____

- Parent/Guardian communicates well with school staff
- Student interacts well with adults/peers
- Student is able to resolve minor problems
- Student complies with school staff requests

HEALTH CONCERNS

Check all that apply.

- Chronic health condition Describe including diagnosis & medication _____

- Exhibits anxiety-related symptoms (examples: complaints of frequent headaches/nausea with no fever, panics when called upon in class, goes to restroom and/or nurse frequently, limited eye contact, etc.)
Describe: _____

- Exhibits behaviors indicating chemical/alcohol use (examples: smells of marijuana, smoke, alcohol; appears lethargic; deteriorating physical appearance; slurred speech; hostile and irritable; sudden loss of inhibition, etc.)
Describe: _____
