

**DC Superior Court Truancy Referral Form**

**Instructions:** *The following information must be provided with all referral packets. Where the answer is “not applicable,” write “n/a.” Where the answer is not known to school officials, write “unknown.”*

1] **School Name and Complete Address:**

\_\_\_\_\_

2] **Child’s Name:**                      **Grade:**                      **Date of Birth:**

\_\_\_\_\_

3] **Mother/Guardian’s Name**                      **Social Security #**                      **Date of Birth**

\_\_\_\_\_

4] **Father/Guardian’s Name**                      **Social Security #**                      **Date of Birth**

\_\_\_\_\_

5] **Is the child a special education student?**                      Yes [  ]                      No [  ]

If yes, attach I.E.P.

6] **How is the child transported to school?**

a. school bus \_\_\_\_\_                      b. walks \_\_\_\_\_                      c. metro bus \_\_\_\_\_

d. subway \_\_\_\_\_                      e. other (please specify) \_\_\_\_\_

7] **Teacher’s full name and grade:**

\_\_\_\_\_

8] **DCPS phone number where teacher can be contacted:**

\_\_\_\_\_

9] **Attendance Counselor’s full name:**

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10] **DCPS phone number where the attendance counselor can be contacted:**

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11] **Is there a social worker / case manager assigned to this case?**

Yes [  ]      No [  ]      Unknown [  ]

If "Yes," write the person's name, agency and telephone number.

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12] **Has the parent/guardian personally met with any of the following:**

- |    |                              |                                  |                                 |
|----|------------------------------|----------------------------------|---------------------------------|
| a. | The teacher?                 | Yes [ <input type="checkbox"/> ] | No [ <input type="checkbox"/> ] |
| b. | The attendance counselor?    | Yes [ <input type="checkbox"/> ] | No [ <input type="checkbox"/> ] |
| c. | A school social worker?      | Yes [ <input type="checkbox"/> ] | No [ <input type="checkbox"/> ] |
| d. | Other school representative? | Yes [ <input type="checkbox"/> ] | No [ <input type="checkbox"/> ] |

If "Yes," what is this person's name and phone number?

13] **Has the parent/guardian provided any written information about any of the absences listed on the "Certified True Copy" of the attendance record to any of the following:**

- |    |                           |                                  |                                 |
|----|---------------------------|----------------------------------|---------------------------------|
| a. | The teacher?              | Yes [ <input type="checkbox"/> ] | No [ <input type="checkbox"/> ] |
| b. | The attendance counselor? | Yes [ <input type="checkbox"/> ] | No [ <input type="checkbox"/> ] |

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c. A school social worker? Yes [ ] No [ ]

d. Other school representative? Yes [ ] No [ ]

(If the answer to any of the above is “Yes,” copies of the written information must be included in the referral packet).

**14] Has the school (or school representative) sent the parent/guardian any written communication (letter, note, etc.) about the student’s absences?**

Yes [ ] No [ ]

If “Yes”, please provide answers to the following for each written communication:

**Who sent the writing to the parent/guardian?**

\_\_\_\_\_

**On what date(s) was it sent?** \_\_\_\_\_

**By what method was it sent?**

U.S. mail regular delivery [ ]

U.S. mail certified delivery [ ]

Sent home with student [ ]

Sent home with student’s sibling [ ]

Other (please specify) \_\_\_\_\_

**Is/are a copy(ies) of each correspondence in this referral packet?**

Yes [ ] No [ ]

If “No,” explain why a copy is not included.

**15] Has anyone at the school attempted to call the parent/guardian about the student’s absences?**

Yes [ ] No [ ]

If “Yes,” please provide answers to the following for each call:

**Who placed the phone call to the parent/guardian?**

\_\_\_\_\_



## **DC Superior Court Truancy Referral Form**

**Please mail completed packets to:**  
**(for cases against parent: ages 5-12)**

Rachele G. Reid  
Office of the Attorney General for the District of Columbia  
Public Safety Division  
Juvenile Section  
441 4<sup>th</sup> Street, NW, Suite 450-North  
Washington, DC 20001

**(for cases against the child: ages 12-18)**

Peter Mullings  
Intake Supervisor  
Court Social Services  
District of Columbia Superior Court  
500 Indiana Avenue, NW, Room 4206  
Washington, DC 20001