

Sicangu Lakota Education Department Truancy Intervention Program

Referral Form

Student name:	
Legal Guardian:	
School/DOB/Grade	
Address/Contact #	
Does the student live with the legal guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, where is the student living?	
Siblings in the home:	
Referral Source:	

Brief History:

Reasons for referral:

- Absenteeism
- Child is not enrolled in school
- Insubordinate/non-compliant
- Medical- Anxiety/Depression
- Social Challenges- bullying/gang affiliation
- Home Challenges/Lack of family support/Homelessness
- Drug/Alcohol Use
- Behavioral Issues
- Wakanyeja on probation

Conditions:

Referral Signature/Date: _____

Staff Signature/Date: _____

Truancy Staff Only

Outcomes:
