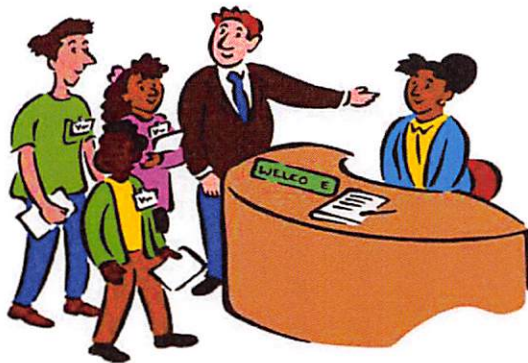




# Attendance Handbook





## Glossary of Terms

**Unexcused Absence** – When a child is absent from school and the parent has no knowledge of and is not in support of the absence.

**C. H. I. N. S. Team** – An intervention that provides the parent and child an opportunity to avoid having a formal C.H.I.N.S. Petition filed with the Juvenile and Domestic Relations Court.

**Child In Need of Supervision Petition (C. H. I. N. S.)** – A child who, while subject to compulsory school attendance, is habitually and without justification absent from school (see page 16 for extended definition).

**Attendance Officer** – Person assigned to assist with attendance issues such as home visits, calls to parents, submission of court referral packages and attendance at court hearings. *Paperwork is to be completed by persons identified on pages two and three.)*

**Please Note** - Excused absences in excess of eight (8) days should be reported to Youth Risk Prevention on the form found on page sixteen (16) of this document.

*Portsmouth Public Schools does not discriminate on the basis of sex, race, color, religion, disabilities, or national origin in employment or its educational programs and activities*

## **Office of Youth Risk Prevention**

2801 Turnpike Road • Portsmouth, Virginia 23707-1205

(757) 393-8411 • Fax (757) 393-5140

### **ATTENDANCE PROCEDURES**

#### **PARENT CONTACT SHOULD BE MADE WHEN A CHILD:**

- Fails to report to school and the parent has failed to provide written documentation explaining the absence. (**PLEASE NOTE:** Upon return to school following an absence written documentation must be provided whether or not the child is accompanied by a parent/guardian.)

#### **SCHOOL OBLIGATIONS:**

- Make reasonable effort to contact parent/guardian to verify awareness of absence whenever a student fails to report to school.
- Make direct contact with the parent/guardian following the 2<sup>nd</sup> absence by telephone, mail, or home visit **when there has been no parental response to previous contact attempts.**
- The Principal/designee shall participate in an attendance conference with the parent/guardian, student, and teacher following the 4<sup>th</sup> unexcused absence to identify possible interventions.
- Initiate building level interventions following the 4<sup>th</sup> unexcused absence and required conference (ex. CHINS Team referral, Child Study, home visits, telephone calls, parent support initiatives).
- Provide a complete court action package to the Attendance Officer/Student Resource Liaison with written documentation to support proper implementation of identified interventions following the 4<sup>th</sup> unexcused absence.

#### **TEACHER OBLIGATIONS:**

- Contact parent/guardian to obtain explanation regarding absences via telephone or mail and maintain contact log information.
- Following the 1<sup>st</sup> unexcused absence, contact parent to:
  - ✓ give notification of the number of unexcused absences
  - ✓ request explanation/documentation of unexcused absences (**in writing**)
  - ✓ remind parent/guardian of legislative requirements and the need to improve attendance
- Following the 2<sup>nd</sup> unexcused absence, continue efforts to make direct parent contact to obtain documentation for absences. Make parent/guardian aware of attendance record to date and possible consequences.
- Following the 4<sup>th</sup> unexcused absence, forward an attendance referral to the Principal/designee (complete the front in its entirety and **pay special attention to parent contact information**).
- Provide Principal/designee with written documentation needed to complete court package.
- **Provide written documentation to the Attendance Officer/Student Resource Liaison if absences continue to accrue after initiation of court package.**

#### **ATTENDANCE OFFICER OBLIGATIONS:**

- Make home visits, assist with parent/guardian calls
- **Acknowledge receipt of Court Action Referral package**
- Contact the parent/guardian regarding referral
- Identify Learnfare students
- Assist with CHINS Team process
- File court referral package following an investigation
- Forward court referral information to the appropriate sources
- **Give feedback to referring school regarding disposition of court case**

**Attendance Legislation**  
**Code Requirements and Procedures**



<b>CODE - ATTENDANCE REQUIREMENTS (2.1-258)</b>	<b>PORTSMOUTH PUBLIC SCHOOLS PROCEDURES</b>
1. <b>Any unexcused absence</b> – Parent/guardian contacted to obtain explanation via telephone	1. <b>Same as code.</b> Make a reasonable effort to contact parent/guardian to verify knowledge whenever a student fails to report to school and maintain contact log information.
2. <b>5<sup>th</sup> unexcused absence</b> – Direct contact via telephone/in person to obtain explanation of absence and explain consequence of nonattendance.	2. <b>1st unexcused absence</b> – <b>Teacher</b> continues attempts to make contact with parent/guardian to give notification of the number of unexcused absences and obtain written documentation. This will be considered an informal assessment, and the basis for a plan to improve attendance.  <b>2<sup>nd</sup> unexcused absence</b> – <b>Teacher</b> will send letter to parent/guardian informing them of the student's attendance record, possible consequences, and the need for a response (see Letter to Parent p.12).  <b>3rd unexcused absence</b> – <b>Teacher</b> will initiate attendance referral and forward to Principal/designee. <b>The Principal/designee</b> will schedule conference with parent/guardian regarding unexcused absences and document on the back of the attendance referral: 1.) assessment of the problem -ex. lack of parental involvement and 2.) intervention recommendations - ex. CHINS Team referral, parent workshops, family support plan, etc.
3. <b>6<sup>th</sup> unexcused absence</b> – Principal/designee will schedule a conference within 10 days to be held within 15 days.	3. <b>4<sup>th</sup> unexcused absence</b> – The principal/designee will ensure follow-up on identified building level interventions (see 5 <sup>th</sup> absence #2).
4. <b>7<sup>th</sup> unexcused absence</b> – Complaint to intake (juvenile) or to Magistrate (parent/guardian)	4. <b>5<sup>th</sup> unexcused absence</b> – The principal/designee will begin the court referral process by ensuring completion of the court referral package, including the CHINS Team referral and forward to Attendance Officer/Youth Risk Prevention. 5. <b>Court package forwarded to Juvenile &amp; Domestic Relations Court</b>

**PORTSMOUTH CITY PUBLIC SCHOOLS  
ATTENDANCE REFERRAL**

**PART I: *To be completed by teacher:***

**Fill out completely**

Student _____	DOB _____	Age _____	Sex _____ Race _____
School _____	Grade: _____	Student Number: _____	
Teacher _____	Special Ed. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Guardian _____	Street Address _____		
Foster Care <input type="checkbox"/> Yes <input type="checkbox"/> No Case Worker _____	Apt. # _____ Zip Code _____		
Home Phone _____	Work Phone _____		
Emergency Contact Person _____	Emergency Number _____		

**A. Attendance Information** *(This information must be completed prior to submission to Youth Risk Prevention).*

Days in membership	_____	
Days absent this year	_____	
Number unexcused absences	_____	(do not include suspensions)
Number of excused absences	_____	
Number days suspended	_____	

**B. Parent Contact** *(This information must be completed to show proof of intervention should court action become necessary)*

Date(s) attendance letter mailed

Date(s) home visit(s) SRL/SSW/AT

Date(s) of telephone contact


**Results of contact:**

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Referred by \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_

Teacher Signature \_\_\_\_\_



Student's Name \_\_\_\_\_

PART II: *(To be completed by Principal/Designee)*

Parent Conference Held \_\_\_\_\_

**ASSESSMENT OF PROBLEM** *(What factors contributed to truancy?)*

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**INTERVENTION RECOMMENDATIONS** *(include timeframe for achieving compliance)*

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**COMMENTS** *(include performance requirements that constitute compliance)*

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\_\_\_\_\_  
*Principal/Designee*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian*

\_\_\_\_\_  
*Date*

**\*\* Parents must receive a copy of this page \*\***

## DATA FOR COURT REFERRAL

Student's Name \_\_\_\_\_

DOB \_\_\_\_\_

School \_\_\_\_\_

Date of Enrollment \_\_\_\_\_

Days in Membership \_\_\_\_\_

Excused Absences \_\_\_\_\_

Unexcused Absences w/o suspensions \_\_\_\_\_

Number of suspensions \_\_\_\_\_

### Attach The Following:

- A. Copy of attendance record (log) kept by the teacher \_\_\_\_\_
- B. Copy of parent/guardian contacts documenting unexcused absences \_\_\_\_\_
- C. Report of Youth Risk contacts with student, parent and outside agencies \_\_\_\_
- D. Copy of Principal's Attendance letter to parent \_\_\_\_
- E. Copy of Teacher/School Social Worker letter of attendance \_\_\_\_\_
- F. Copy of Coordinator's letter to parent \_\_\_\_\_
- G. Copy of Teacher, School Social Worker, Resource Liaison, and/or School Psychologist referrals for services this school year \_\_\_\_
- H. Copy of any other information that may be used at the court hearing (outside agency data) \_\_\_\_
- I. A list of **interventions and outcomes** documenting compliance/non-compliance \_\_\_\_
- J. Copy of CHINS Team referral \_\_\_\_\_
- K. Summary of attendance history, if applicable \_\_\_\_\_

*An Equal Opportunity Employer*

## PRINCIPAL'S REQUEST FOR COURT ACTION

### ATTENDANCE LAW VIOLATION (Code of Virginia §22.1-258)

**TO:** Office of Youth Risk Prevention

**FROM:** School \_\_\_\_\_

Address \_\_\_\_\_

**RE:** Student Name \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Student Number \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Membership	_____	days
Present	_____	days
Excused Absences	_____	days
Unexcused Absences	_____	days (w/o suspensions)
Number of Suspensions	_____	days

\_\_\_\_\_  
*Signature of Principal*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*SRL/SSW Signature*

\_\_\_\_\_  
*Date*

Notification of request for court action sent to parent:

\_\_\_\_\_  
*Date*

Coordinator's Approval \_\_\_\_\_

\_\_\_\_\_  
Coordinator's Signature

*An Equal Opportunity Employer*



## PRINCIPAL'S COURT REFERRAL CHECKLIST

Re: \_\_\_\_\_ Membership \_\_\_\_\_ Days  
Address: \_\_\_\_\_ Present \_\_\_\_\_ Days  
Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Excused Absences \_\_\_\_\_ Days  
Unexcused Absences \_\_\_\_\_ Days  
(w/o suspensions)  
Number of Suspensions \_\_\_\_\_ Days

### *Contacts*

### *Dates*

Principal (verbal)	_____
Teacher (verbal)	_____
School Social Worker	_____
Student Resource Liaison	_____
Other	_____
Principal's Letter to Parent	_____
Teacher's Letter (s) to Parent:	_____

### **Witnesses to be subpoenaed:**

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_
4. Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

\_\_\_\_\_  
*Principal's Signature*

\_\_\_\_\_  
*Date*

*An Equal Opportunity Employer*

**PORTSMOUTH CITY PUBLIC SCHOOLS  
ATTENDANCE REFERRAL**

**PART I:** *To be completed by teacher*

*Fill Out Completely*

Student _____	DOB _____	Age _____	Sex _____ Race _____
School _____	Grade: _____	Student Number: _____	
Teacher _____	Special Ed. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Guardian _____	Street Address: _____		
Foster Care <input type="checkbox"/> Yes <input type="checkbox"/> No Case Worker _____	Apt. # _____ Zip Code _____		
Home Phone _____	Work Phone _____		
Emergency Contact Person _____	Emergency Number _____		

**A. Attendance Information** *(This information must be completed prior to submission to Youth Risk Prevention).*

Days in membership \_\_\_\_\_  
 Days absent this year \_\_\_\_\_  
 Number unexcused absences \_\_\_\_\_ *(do not include suspensions)*  
 Number of excused absences \_\_\_\_\_  
 Number days suspended \_\_\_\_\_

**B. Parent Contact** *(This information must be completed to show proof of intervention should court action become necessary)*

Date(s) attendance letter mailed

Date(s) home visit(s) SRL/SSW/AT

Date(s) of telephone contact


**Results of contact:**

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Referred by \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_

Teacher Signature \_\_\_\_\_

Student's Name \_\_\_\_\_

**PART II:** *(To be completed by Principal/Designee)*

Parent Conference Held \_\_\_\_\_

**ASSESSMENT OF PROBLEM** *(What factors contributed to truancy?)*

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**INTERVENTION RECOMMENDATIONS** *(include timeframe for achieving compliance)*

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**COMMENTS** *(include performance requirements that constitute compliance)*

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\_\_\_\_\_  
*Principal/Designee*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian*

\_\_\_\_\_  
*Date*

**\*\* Parents must receive a copy of this page \*\***

Student's Name \_\_\_\_\_

*An Equal Opportunity Employer*



*Office of Youth Risk Prevention*

Department of Curriculum and Instruction  
3651 Hartford Street \* Portsmouth, VA 23707  
(757) 393-8411 \* Fax (757) 393-5140

**CHILD IN NEED OF SERVICES (CHINS)  
Truancy Team  
INITIAL REFERRAL PACKET**

Referral packet submitted by: \_\_\_\_\_ / \_\_\_\_\_  
*(Person / Agency submitting referral packet)* *Date*

Referent's telephone number: \_\_\_\_\_

Attendance Officer assigned to the case: \_\_\_\_\_

**The following documents must be submitted with referral packet if applicable:**

- \_\_\_\_\_ Attendance records
- \_\_\_\_\_ Summaries of school interventions/efforts
- \_\_\_\_\_ Recent summary of any services  
(i.e. hospitalization, home based counseling, psychological evaluations)
- \_\_\_\_\_ Current IEP/Educational testing
- \_\_\_\_\_ Recent report cards/Grades

**For CHINS Team use only**

Date referral packet received by (YRP) Office: \_\_\_\_\_

Date referral packet reviewed by YRP Program: \_\_\_\_\_

Date/Time set for initial team staffing: \_\_\_\_\_

Date Parent/Legal Guardian Notified: \_\_\_\_\_

**These items must be completed prior to submitting referral packet to the Office of Youth Risk Prevention:**

Fully completed Referral Packet (incomplete packets will be returned for completion/additional information  
Should be completed prior to scheduling)

Complete and Release of Information

Student's Name \_\_\_\_\_

### CHINS REFERRAL CASE INFORMATION

*Fill out completely*

Client's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

SSN \_\_\_\_\_ Race \_\_\_\_\_ Please Circle Female or Male

Address \_\_\_\_\_ / \_\_\_\_\_  
Street Name Zip Code

Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_ (Attach policy)

Does the family receive any Social Services benefits (i.e. food stamps, general relief, TANF)? \_\_\_\_ Yes \_\_\_\_ No

#### Education

Current school attended \_\_\_\_\_

Special Education Please Circle ED LD ID OHI Pending None Other \_\_\_\_\_

Grade \_\_\_\_\_ Please summarize any recent disciplinary problems in school and academic progress.

Please attach attendance records

#### Court Services

Is the child on probation? Yes \_\_\_\_\_ or No \_\_\_\_\_

Who is the child's probation officer? \_\_\_\_\_

Reason for child being on probation? \_\_\_\_\_

Please list all strategies by school personnel to get the child/youth to attend school (i.e. meetings, referrals, Home visits – included summary of all interventions):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What services have already been utilized for this child and give dates of service (i.e. counseling, medication management, home based counseling, etc.)? Have these services been effective?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Student's Name** \_\_\_\_\_

**What efforts has the family made to get the child to attend school?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has the family been available as needed by the school and complied with all the school recommendations?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **FAMILY PROFILE**

*Parents/Guardians*

*Fill out completely*

**Biological Mother** \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Marital Status \_\_\_\_\_

**Legal Guardian** \_\_\_\_\_

Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Income \_\_\_\_\_

**Biological Father** \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Marital Status \_\_\_\_\_

**Legal Guardian** \_\_\_\_\_

Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

income \_\_\_\_\_



**Student's Name** \_\_\_\_\_

Family profile cont. on next page

**FAMILY PROFILE CONT.**

*Fill out completely*

**Siblings**

**Name** \_\_\_\_\_

Date of birth \_\_\_\_\_

Reside with \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Sp. Ed \_\_\_\_\_

Significant issues \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name** \_\_\_\_\_

Date of birth \_\_\_\_\_

Reside with \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Sp. Ed \_\_\_\_\_

Significant issues \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name** \_\_\_\_\_

Date of birth \_\_\_\_\_

Reside with \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Sp. Ed \_\_\_\_\_

Significant issues \_\_\_\_\_

\_\_\_\_\_

**Siblings**

**Name** \_\_\_\_\_

Date of Birth \_\_\_\_\_

Reside with \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Sp. Ed \_\_\_\_\_

Significant Issues \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name** \_\_\_\_\_

Date of Birth \_\_\_\_\_

Reside with \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Sp. Ed \_\_\_\_\_

Significant Issues \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name** \_\_\_\_\_

Date of Birth \_\_\_\_\_

Reside with \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Sp. Ed \_\_\_\_\_

Significant Issues \_\_\_\_\_

\_\_\_\_\_

Student's Name \_\_\_\_\_

## CONSENT TO EXCHANGE INFORMATION

I understand that different agencies provide services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

I, \_\_\_\_\_, am signing this form for  
*Full printed name of consenting person or persons*

\_\_\_\_\_  
*Full printed name of Client*

\_\_\_\_\_  
*Client's Address*      \_\_\_\_\_  
*Client's Birth date*      \_\_\_\_\_  
*Client's SSN - Optional*

My relationship to the client is: ☐ Self ☐ Parent ☐ Power of Attorney ☐ Guardian  
☐ Other Legally Authorized Representative

I want the following confidential information about the client (except drug or alcohol abuse diagnosis or treatment information) to be exchanged

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Assessment Information	<input type="checkbox"/>	<input type="checkbox"/>	Medical Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	Educational Records
<input type="checkbox"/>	<input type="checkbox"/>	Financial Information	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Records
<input type="checkbox"/>	<input type="checkbox"/>	Benefits/Services Needed Planned, and/or Received	<input type="checkbox"/>	<input type="checkbox"/>	Medical Records	<input type="checkbox"/>	<input type="checkbox"/>	Criminal Justice Records
			<input type="checkbox"/>	<input type="checkbox"/>	Psychological Records	<input type="checkbox"/>	<input type="checkbox"/>	Employment Records

Other information (write in)

I want \_\_\_\_\_

\_\_\_\_\_  
*(Name and address of referring agency and staff contact person)*

And the following other agencies to be able to exchange this information:

Court Services Unit

Department of Behavioral Healthcare Services

Portsmouth Health Department

Portsmouth Public Schools

Portsmouth Department of Social Services

Portsmouth Public Schools/CHINS Team, Parent Representative and Private Provider Representatives

I want this information to be exchanged ONLY for services coordination, treatment planning and recommendations.

Yes ☐ No ☐

I want information to be shared in writing in the CHINS meeting by phone and by computerized data. Yes ☐ No ☐

I want to share additional information received after this consent is signed. Yes ☐ No ☐

This Consent is good for **ONE YEAR** from the **DATE** of SIGNATURE

\_\_\_\_\_  
Date

**Student's Name** \_\_\_\_\_

- I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent has been withdrawn.
- I have the right to know what information about me has been shared and why, when, and whom it was shared. If I ask, each agency will show me this information.
- I want all the agencies to accept a copy of this form as a valid consent to share information.
- If I do not sign this form information will not be shared and I will have to contact each agency individually to give them the information about me that is needed.

**Signature** \_\_\_\_\_ *Consenting person(s)* **Date** \_\_\_\_\_

**Person explaining Form** \_\_\_\_\_ / \_\_\_\_\_  
*Name Title*

**Student's Name** \_\_\_\_\_

**AUTHORIZATION TO RELEASE AND/OR OBTAIN INFORMATION**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**To Whom It May Concern:**

I, \_\_\_\_\_, hereby give my consent for \_\_\_\_\_ ( ) to release and/or  
( ) obtain information to and/or from:

NAME \_\_\_\_\_ AGENCY/ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_/\_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

I understand that this information is being released /obtained for professional use only and will not be released to anyone without written permission from parent/guardian. The information requested will consist of and be limited to the following items:

- |  |                                       |
|--|---------------------------------------|
| ( ) Individualized Education Plan            | ( ) Counseling Notes and Assessments  |
| ( ) Progress Notes                           | ( ) Written / Verbal Correspondence   |
| ( ) Educational Evaluation                   | ( ) Psychological                     |
| ( ) History and Physical                     | ( ) Immunization Record               |
| ( ) Grades                                   | ( ) Attendance / Disciplinary Records |
| ( ) Clinical Staffing Form / Monthly Updates |                                       |
| ( ) Other: _____                             |                                       |

This consent will automatically terminate on \_\_\_\_\_ unless revoked by the undersigned in writing prior to this date. (One year from date listed above)

**I was informed of the information requested/released:**

\_\_\_\_\_  
**Parent / Legal Guardian Signature**      **Address**      **Phone Number**      **Date**

\_\_\_\_\_  
**Witness / Staff Signature**      **Phone Number**      **Date**

Any individual/agency receiving this confidential and privileged release and any attachments, shall not disclose, use, review or distribute any information with a third party unless the individual consents in writing; or unless the law allows or requires further disclosure without consent.

ALL BLANK AREAS ON THIS FORM MUST BE COMPLETED PRIOR TO PARENT / GUARDIAN'S SIGNATURE. PHOTO COPY OF THIS COMPLETED RELEASED IS CONSIDERED AS A VALID ORIGINAL. DURATION OF THIS CONSENT SHALL NOT EXCEED 90 DAYS AFTER TERMINATION OF SERVICES OR ONE YEAR, WHICHEVER IS GREATER. THE PARTICIPANT (AGE 18), PARENT / GUARDIAN, MAY TERMINATE THIS AUTHORIZATION TO RELEASE INFORMATION AT ANY TIME.

YOUR SIGNATURE BELOW SHOWS YOUR UNDERSTANDING OF / AGREEMENT WITH THE TERMS OF THIS RELEASE.

\_\_\_\_\_  
**Parent/Guardian Signature**      **Date**



Student's Name \_\_\_\_\_

*An Equal Opportunity Employer*



*Office of Youth Risk Prevention*

Department of Curriculum and Instruction  
3651 Hartford Street \* Portsmouth, VA 23707  
(757) 393-8411 \* Fax (757) 393-5140

**CHILD IN NEED OF SERVICES (CHINS)  
Truancy Team  
INITIAL REFERRAL PACKET**

Referral packet submitted by: \_\_\_\_\_ / \_\_\_\_\_  
*(Person /Agency submitting referral packet)* *Date*

Referent's telephone number: \_\_\_\_\_

Attendance Officer assigned to the case: \_\_\_\_\_

**The following documents must be submitted with referral packet if applicable:**

- \_\_\_\_\_ Attendance records
- \_\_\_\_\_ Summaries of school interventions/efforts
- \_\_\_\_\_ Recent summary of any services  
(i.e. hospitalization, home based counseling, psychological evaluations)
- \_\_\_\_\_ Current IEP/Educational testing
- \_\_\_\_\_ Recent report cards/Grades

**For CHINS Team use only**

Date referral packet received by (YRP) Office: \_\_\_\_\_

Date referral packet reviewed by YRP Program: \_\_\_\_\_

Date/Time set for initial team staffing: \_\_\_\_\_

Date Parent/Legal Guardian Notified: \_\_\_\_\_

**These items must be completed prior to submitting referral packet to the Office of Youth Risk Prevention:**

Fully completed Referral Packet (incomplete packets will be returned for completion/additional information  
Should be completed prior to scheduling)

Complete and Release of Information

Student's Name \_\_\_\_\_

### CHINS REFERRAL CASE INFORMATION

*Fill out completely*

Client's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

SSN \_\_\_\_\_ Race \_\_\_\_\_ Please Circle Female or Male

Address \_\_\_\_\_ / \_\_\_\_\_  
Street Name Zip Code

Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_ (Attach policy)

Does the family receive any Social Services benefits (i.e. food stamps, general relief, TANF)? \_\_\_\_ Yes \_\_\_\_ No

#### Education

Current school attended \_\_\_\_\_

Special Education Please Circle ED LD ID OHI Pending None Other \_\_\_\_\_

Grade \_\_\_\_\_ Please summarize any recent disciplinary problems in school and academic progress.

Please attach attendance records

#### Court Services

Is the child on probation? Yes \_\_\_\_\_ or No \_\_\_\_\_

Who is the child's probation officer? \_\_\_\_\_

Reason for child being on probation? \_\_\_\_\_

Please list all strategies by school personnel to get the child/youth to attend school (i.e. meetings, referrals, Home visits – included summary of all interventions):

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What services have already been utilized for this child and give dates of service (i.e. counseling, medication management, home based counseling, etc.)? Have these services been effective?

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**Student's Name** \_\_\_\_\_

**What efforts has the family made to get the child to attend school?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has the family been available as needed by the school and complied with all the school recommendations?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **FAMILY PROFILE**

*Parents/Guardians*

*Fill out completely*

**Biological Mother** \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Marital Status \_\_\_\_\_

**Biological Father** \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Marital Status \_\_\_\_\_

**Legal Guardian** \_\_\_\_\_

Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Income \_\_\_\_\_

**Legal Guardian** \_\_\_\_\_

Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

income \_\_\_\_\_

**Student's Name** \_\_\_\_\_

Family profile cont. on next page

**FAMILY PROFILE CONT.**

*Fill out completely*

**Siblings**

**Name** \_\_\_\_\_

Date of birth \_\_\_\_\_

Reside with \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Sp. Ed \_\_\_\_\_

Significant issues \_\_\_\_\_

\_\_\_\_\_

**Name** \_\_\_\_\_

Date of birth \_\_\_\_\_

Reside with \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Sp. Ed \_\_\_\_\_

Significant issues \_\_\_\_\_

\_\_\_\_\_

**Name** \_\_\_\_\_

Date of birth \_\_\_\_\_

Reside with \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Sp. Ed \_\_\_\_\_

Significant issues \_\_\_\_\_

\_\_\_\_\_

**Siblings**

**Name** \_\_\_\_\_

Date of Birth \_\_\_\_\_

Reside with \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Sp. Ed \_\_\_\_\_

Significant Issues \_\_\_\_\_

\_\_\_\_\_

**Name** \_\_\_\_\_

Date of Birth \_\_\_\_\_

Reside with \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Sp. Ed \_\_\_\_\_

Significant Issues \_\_\_\_\_

\_\_\_\_\_

**Name** \_\_\_\_\_

Date of Birth \_\_\_\_\_

Reside with \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Sp. Ed \_\_\_\_\_

Significant Issues \_\_\_\_\_

\_\_\_\_\_

Student's Name \_\_\_\_\_

### CONSENT TO EXCHANGE INFORMATION

I understand that different agencies provide services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

I, \_\_\_\_\_, am signing this form for  
*Full printed name of consenting person or persons*

\_\_\_\_\_  
*Full printed name of Client*

\_\_\_\_\_  
*Client's Address* / *Client's Birth date* / *Client's SSN - Optional*

My relationship to the client is: ☐ Self ☐ Parent ☐ Power of Attorney ☐ Guardian  
☐ Other Legally Authorized Representative

I want the following confidential information about the client (except drug or alcohol abuse diagnosis or treatment information) to be exchanged

Yes No

☐ ☐ Assessment Information  
☐ ☐ Financial Information  
☐ ☐ Benefits/Services Needed  
Planned, and/or Received

Yes No

☐ ☐ Medical Diagnosis  
☐ ☐ Mental Health  
☐ ☐ Medical Records  
☐ ☐ Psychological Records

Yes No

☐ ☐ Educational Records  
☐ ☐ Psychiatric Records  
☐ ☐ Criminal Justice Records  
☐ ☐ Employment Records

Other information (write in)

I want \_\_\_\_\_

\_\_\_\_\_  
*(Name and address of referring agency and staff contact person)*

And the following other agencies to be able to exchange this information:

Court Services Unit

Department of Behavioral Healthcare Services

Portsmouth Health Department

Portsmouth Public Schools

Portsmouth Department of Social Services

Portsmouth Public Schools/CHINS Team, Parent Representative and Private Provider Representatives

I want this information to be exchanged ONLY for services coordination, treatment planning and recommendations.

Yes ☐ No ☐

I want information to be shared in writing in the CHINS meeting by phone and by computerized data. Yes ☐ No ☐

I want to share additional information received after this consent is signed. Yes ☐ No ☐

This Consent is good for **ONE YEAR** from the **DATE** of SIGNATURE

\_\_\_\_\_  
Date

Student's Name \_\_\_\_\_

- I can with this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent has been withdrawn.
- I have the right to know what information about me has been shared and why, when, and whom it was shared. If I ask, each agency will show me this information.
- I want all the agencies to accept a copy of this form as a valid consent to share information.
- If I do not sign this form information will not be shared and I will have to contact each agency individually to give them the information about me that is needed.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Consenting person(s)*

Person explaining Form \_\_\_\_\_ / \_\_\_\_\_  
*Name Title Date*

**Student's Name** \_\_\_\_\_

**AUTHORIZATION TO RELEASE AND/OR OBTAIN INFORMATION**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**To Whom It May Concern:**

I, \_\_\_\_\_, hereby give my consent for \_\_\_\_\_ ( ) to release and/or  
( ) obtain information to and/or from:

NAME \_\_\_\_\_ AGENCY/ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_/\_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

I understand that this information is being released /obtained for professional use only and will not be released to anyone without written permission from parent/guardian. The information requested will consist of and be limited to the following items:

- |   |  |
|---|--|
| <input type="checkbox"/> Individualized Education Plan            | <input type="checkbox"/> Counseling Notes and Assessments  |
| <input type="checkbox"/> Progress Notes                           | <input type="checkbox"/> Written / Verbal Correspondence   |
| <input type="checkbox"/> Educational Evaluation                   | <input type="checkbox"/> Psychological                     |
| <input type="checkbox"/> History and Physical                     | <input type="checkbox"/> Immunization Record               |
| <input type="checkbox"/> Grades                                   | <input type="checkbox"/> Attendance / Disciplinary Records |
| <input type="checkbox"/> Clinical Staffing Form / Monthly Updates |  |
| <input type="checkbox"/> Other: _____                             |  |

This consent will automatically terminate on \_\_\_\_\_ unless revoked by the undersigned in writing prior to this date.  
(One year from date listed above)

**I was informed of the information requested/released:**

\_\_\_\_\_  
**Parent / Legal Guardian Signature**      **Address**      **Phone Number**      **Date**

\_\_\_\_\_  
**Witness / Staff Signature**      **Phone Number**      **Date**

Any individual/agency receiving this confidential and privileged release and any attachments, shall not disclose, use, review or distribute any information with a third party unless the individual consents in writing; or unless the law allows or requires further disclosure without consent.

ALL BLANK AREAS ON THIS FORM MUST BE COMPLETED PRIOR TO PARENT / GUARDIAN'S SIGNATURE. PHOTO COPY OF THIS COMPLETED RELEASED IS CONSIDERED AS A VALID ORIGINAL. DURATION OF THIS CONSENT SHALL NOT EXCEED 90 DAYS AFTER TERMINATION OF SERVICES OR ONE YEAR, WHICHEVER IS GREATER. THE PARTICIPANT (AGE 18), PARENT / GUARDIAN, MAY TERMINATE THIS AUTHORIZATION TO RELEASE INFORMATION AT ANY TIME.

YOUR SIGNATURE BELOW SHOWS YOUR UNDERSTANDING OF / AGREEMENT WITH THE TERMS OF THIS RELEASE.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



# Portsmouth Public Schools

*Office of the Principal* Everyone's  
Elementary School  
1502 World Place • Happy Haven 67890  
(377) 999-0000 • Fax (377) 999-0078

## SAMPLE

Counselor's Report on:

Student Number: 0000000

Date: February 20, 2018

\_\_\_\_\_ is a seven year old First Grade student who has **currently missed 51** days of school. Of her 51 days absent, 26 have been excused (all 26 days due to head lice) and 25 days have been unexcused (12 days due to head lice). She has been out with head lice six times this year.

\_\_\_\_\_ is currently in her third year of First Grade. She has repeated the past two years because the number of days absent prevented her from mastering all of the First Grade objectives.

During the 14-15 school year **she missed 60 days of First Grade.**

During the 15-16 school year **she missed 44 days of First Grade.**

During the 16-17 school year **she missed 56 days of Kindergarten.**

The school nurse has spoken to the parent/guardian on several occasions regarding the treatment of head lice. Parents did not attend a seminar offered on head lice treatment. Attempts have also been made to contact the family by the Assistant Principal.

Three Attendance referrals were turned in to the Attendance Officer/ Resource Liaison last year on the following dates: \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.

Counselor  
Everyone's Elementary School

*An Equal Opportunity Employer*



## SAMPLE

## PORTSMOUTH PUBLIC SCHOOLS

### TEACHER'S MONTHLY LOG OF PARENT CONTACTS

TEACHER: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

[illegible]**Initiated by:**

1 - Liaison  
2 - Parent  
3 - Administration  
4 - Other - Specify

**\* Reason for Contact**

1-Attendance  
2-Discipline  
3-Other Specify

**\*\*Type of Contact**

1-Telephone  
2-Letter  
3-Conference  
4-Other-Specify

**Sample**

Dear Sir or Madam:

On March 27, 2018, the General Assembly of Virginia passed into law new legislation governing school attendance. This communication serves to inform you of that legislation and corresponding procedures developed by Portsmouth City Public Schools.

In summary, the legislation states the following: Whenever a student fails to report to school on a regularly scheduled school day and there is no indication that the parent is aware of the absence, reasonable effort will be made to contact the parent and obtain an explanation for the absence. When a student is absent from school for a total of **five scheduled school days** for the school year and there is no indication that the parent is aware of the absences and a reasonable effort to notify the parent has failed, an attempt to make direct contact by telephone or in person will be made to obtain an explanation for the absence and to explain to the parent the consequences of continued non-attendance. At this time the parent, the student and the attendance officer will develop a plan to resolve the non-attendance.

If the student is absent an additional day (**day six**) after direct contact with the parent and there is no indication that the parent is aware of the absence a conference will be held within fifteen days to resolve issues related to the non-attendance. If there is another absence (**day seven**) and there is no indication that the parent is aware of or supports the absence the school principal will proceed with one or both of the following actions: 1) **filing a complaint** with the juvenile and domestic relations court alleging the student is a child in need of supervision (petition against the child) or 2) **instituting proceedings** against the parent. If both parents have been awarded joint physical custody and the school has received notice of such, both parents will be notified. **Portsmouth City Public Schools** will begin the parent notification process leading to filing of a legal petition after the **fourth unexcused absence** by sending a letter to the parent/guardian or making a home visit to obtain a written explanation of the absence. If there is a **fifth unexcused absence** an attendance referral will be completed by the teacher and sent to the Principal. A **conference** with the student, parent, and appropriate school staff will be held within fifteen days to make recommendations for assessment/resolution of the problem. If there is a **sixth unexcused absence** the school principal will review the recommendations from the conference to ensure implementation. If there is a **seventh unexcused absence**, the school principal will initiate a petition with the Juvenile and Domestic Relations Court against either/or both the child and the parent.

If you need further information call Youth Risk Prevention at (757)-393-8411.

\*To be placed on school letterhead



## 2018-2019 Teacher's Attendance Procedures

Number of Absences	Procedure
1 Absence	Teachers will receive a signed note with the parent's contact number. The teacher will call home on the day of absence and document the phone call and results in Powerschool
2 Absences	Teachers call home on the day of absence and document the phone call and results in Powerschool
3 Absences	Teachers call home on the day of absence and also send an Attendance Letter. Document both contacts in Powerschool
4 Absences	Teacher call home and document phone call in Powerschool
5 Absences	Send an Attendance Letter and place a phone call. A MANDATORY Attendance Referral shall be completed and submitted to the Truancy Officer w/ all documents contacts attached. This must take place before a home visit is conducted! <b>*Home visit will be conducted.</b> <b>*Mandatory Parent Conference – CHINS Completed</b>
6 Absences	Teacher call home and document phone call in Powerschool
7 Absences	Teachers call home on the day of absence and also send an Attendance Letter. Document both contacts in Powerschool <b>*CHINS Submitted</b>
8 Absences	Teacher phone call home and document call in Powerschool
9 Absences	Teacher phone call home and document call in Powerschool
10 Absences	Send Final Attempt letter before court action and phone call to parent. <b>*Court Action</b>

**A CHINS and Court Action cannot take place unless all attendance procedures are followed!**

If you believe a child is out of zone please report it to the Principal or Attendance/Designee ASAP!

**SAMPLE LETTER #1**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Days in membership \_\_\_\_\_

Days absent this year \_\_\_\_\_

Number of excused absences \_\_\_\_\_

Number unexcused absences \_\_\_\_\_

Number of suspensions \_\_\_\_\_

Dear Parent/Guardian:

Please contact \_\_\_\_\_ at \_\_\_\_\_ upon receipt of this letter to address your child's school attendance. As shown above your child has accumulated \_\_\_\_\_ unexcused absences; state law requires your child to attend school regularly. Please provide your school with written documentation verifying knowledge of each day your child was absent. Failure to comply with this request **may** result in court action as required by the Code of Virginia § 22.1-258.

Thank you for your cooperation.

Sincerely,

\_\_\_\_\_

Teacher

\*To be placed on letterhead

*An Equal Opportunity Employer*

## Portsmouth Public Schools

### Office of Youth Risk Prevention

2801 Turnpike Road • Portsmouth, Virginia 23707

(757) 393-8411 • Fax (757) 393-5140

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Days in membership \_\_\_\_\_

Days absent this year \_\_\_\_\_

Number of excused absences \_\_\_\_\_

Number unexcused absences \_\_\_\_\_

Number of suspensions \_\_\_\_\_

Dear Parent/Guardian:

Your child has been referred to Youth Risk Prevention due to the number of unexcused absences from school he/she has accumulated. Attendance laws for the Commonwealth of Virginia require that your child attend school regularly. After numerous attempts we have been unable to obtain a response from you regarding this matter.

Please contact \_\_\_\_\_ at \_\_\_\_\_ upon receipt of this letter to address this very important issue. **Failure to comply with this request will result in court action as required by the Code of Virginia § 22.1-279 and a fine up to \$500.00.**

Thank you for your cooperation.

Sincerely,

\_\_\_\_\_  
Attendance Officer/Student Resource Liaison

\_\_\_\_\_  
Youth Risk Prevention Coordinator



# MANDATORY PARENT ATTENDANCE MEETING REQUEST **SCHOOL NAME**

DATE: \_\_\_\_\_

TO THE PARENT/GUARDIAN OF: \_\_\_\_\_  
Student Name

Dear Mr./Ms. \_\_\_\_\_,

Our records show your child has accumulated \_\_\_\_\_ Unexcused Absences. If your child has violated the Attendance Policy and you claim extenuating and/or special circumstances for the number of absences, you may appeal to the Principal. To appeal, you must write a letter of explanation to the Principal stating the reason(s) why you are appealing the provisions of the Attendance Policy. The Attendance Policy (Section JED Policy Manual) for Portsmouth Public School is as follows:

## **Compulsory Attendance Procedures**

### A. Upon Fifth Absence without Parental Awareness and Support

*If (1) a student fails to report to school for a total of five scheduled school days for the school year, and (2) there is no indication that the student's parent is aware of and supports the absence; and (3) reasonable efforts to notify the parent of the absences have failed, then the Principal or his designee or the attendance officer shall make a reasonable effort to ensure that direct contact is made with the parent, either in person or through telephone conversation, to obtain an explanation for the pupil's absence and to explain to the parent the consequences of continued nonattendance. The school principal or his designee or the attendance officer, the pupil, and the pupil's parent shall jointly develop a plan to resolve the pupil's nonattendance. Such plan shall include documentation of the reasons for the pupil's nonattendance.*

### B. Upon Sixth Absence without Parental Awareness and Support

*If the pupil is absent an additional day after direct contact with the pupil's parent and the attendance officer has received no indication that the pupil's parent is aware of and supports the pupil's absence, either the school principal or his designee or the attendance officer shall schedule a conference within ten school days, which must take place no later than the fifteenth school day after the sixth absence. At the conference, the pupil, his parent, and school personnel, shall meet to resolve issues related to the pupil's nonattendance. Other community service providers may also be included in the conference.*

A copy of your child's attendance profile is enclosed. **You are scheduled for an Attendance Meeting at **SCHOOL NAME** on \_\_\_\_\_ at \_\_\_\_\_ AM/PM. Please report to the Main Office. Failure to attend this mandatory meeting may result in COURT ACTION as required by the Portsmouth Public Schools Student Codes of Conduct (22.1-258).**

Sincerely,

**Attendance Clerk/Designee**

Cc: **Principal**

Enclosure(s)



Student \_\_\_\_\_

Parent \_\_\_\_\_

## Compulsory Attendance Procedures

### § 22.1-279.3. Parental responsibility and involvement requirements.

A. Each parent of a student enrolled in a public school has a duty to assist the school in enforcing the standards of student conduct and compulsory school attendance in order that education may be conducted in an atmosphere free of disruption and threat to persons or property, and supportive of individual rights.

B. A school board shall provide opportunities for parental and community involvement in every school in the school division.

C. Within one calendar month of the opening of school, each school board shall, simultaneously with any other materials customarily distributed at that time, send to the parents of each enrolled student (i) a notice of the requirements of this section; (ii) a copy of the school board's standards of student conduct; and (iii) a copy of the compulsory school attendance law. These materials shall include a notice to the parents that by signing the statement of receipt, parents shall not be deemed to waive, but to expressly reserve, their rights protected by the constitutions or laws of the United States or the Commonwealth and that a parent shall have the right to express disagreement with a school's or school division's policies or decisions.

Each parent of a student shall sign and return to the school in which the student is enrolled a statement acknowledging the receipt of the school board's standards of student conduct, the notice of the requirements of this section, and the compulsory school attendance law. Each school shall maintain records of such signed statements.

#### A. Upon First Absence without Parental Awareness and Support

If (1) a student fails to report to school for a total of five scheduled school days for the school year, and (2) there is no indication that the student's parent is aware of and supports the absence; and (3) reasonable efforts to notify the parent of the absences have failed, then the Principal or his designee or the attendance officer shall make a reasonable effort to ensure that direct contact is made with the parent, either in person or through telephone conversation, to obtain an explanation for the pupil's absence and to explain to the parent the consequences of continued nonattendance. The school principal or his designee or the attendance officer, the pupil, and the pupil's parent shall jointly develop a plan to resolve the pupil's nonattendance. Such plan shall include documentation of the reasons for the pupil's nonattendance.

#### B. Upon fifth Absence without Parental Awareness and Support

If the pupil is absent an additional day after direct contact with the pupil's parent and the attendance officer has received no indication that the pupil's parent is aware of and supports the pupil's absence, either the school principal or his designee or the attendance officer shall schedule a conference within ten school days, which must take place no later than the **tenth school day after the sixth absence**. *At the conference, the pupil, his parent, and school personnel, shall meet to resolve issues related to the pupil's nonattendance. Other community service providers may also be included in the conference*

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**PORTSMOUTH CITY PUBLIC SCHOOLS  
ATTENDANCE REFERRAL**

**PART I: To be completed by teacher-PLEASE COMPLETE EACH FIELD in RED**

**EXAMPLE**

Student <u>John Doe</u>	DOB <u>6/2/2000</u>	Age <u>14</u>	Sex <u>M</u> Race <u>B</u>
School <u>Cradock</u>	Grade: <u>8</u>	Student Number: <u>123456789</u>	
Teacher <u>Ms. Susie Que</u>	Special Ed. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Parent/Guardian <u>Missy Doe</u>	Street Address: <u>1234 Smith St.</u>		
Foster Care <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case Worker _____	Apt. # <u>H</u> Zip Code <u>23704</u>		
Home Phone <u>757-123-4567</u>	Work Phone <u>757-300-5678</u>		
Emergency Contact Person <u>757-123-7654</u>	Emergency Number <u>757-400-7890</u>		

**A. Attendance Information (This information must be completed prior to submission to Youth Risk Prevention).**

Days in membership	<u>76</u>	
Days absent this year	<u>10</u>	
Number unexcused absences	<u>0</u>	(do not include suspensions)
Number of excused absences	<u>0</u>	
Number days suspended	<u>0</u>	

**B. Parent Contact (This information must be completed to show proof of intervention should court action become necessary)**

Date(s) attendance letter mailed

Date(s) home visit(s) SRL/SSW/AT

Date(s) of telephone contact

Results of contact:

10/1/14	10/5/14	10/10/14			
9/15/14	9/15/14	10/1/14			

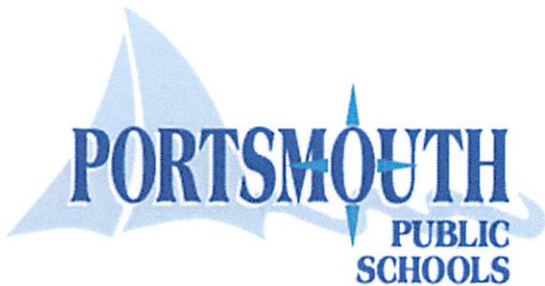
**WHEN FILLING THIS SECTION OUT YOU MUST GIVE DETAIL INFORMATION REGARDING CONTACT RESULTS.**

Example: timeline with dates and times

Referred by Susie Que Title Teacher

Telephone 757-393-5442 Date 12/10/14

Teacher Signature Susie Que



---

Office of Youth Risk Prevention  
2801 Turnpike Road • Portsmouth, Virginia 23707  
(757) 393-8411 • Fax (757) 393-5140

Dr. Rosalynn Sanderlin  
*Coordinator, Youth Risk Prevention*

Frenchy Copeland  
Attendance Liaison

<i>I C Norcom High</i>	<i>Cradock Middle</i>
<i>Brighton Elementary</i>	<i>Douglass Park Elementary</i>
<i>James Hurst Elementary</i>	<i>Victory Elementary</i>

Tanishia Hinton  
Attendance Liaison

<i>Churchland High</i>	<i>Churchland Middle</i>
<i>Churchland Elementary</i>	<i>Churchland Academy</i>
<i>Churchland Primary</i>	<i>Park View Elementary</i>

Terence Green  
Attendance Liaison

<i>Woodrow Wilson High</i>	<i>W E Waters Middle</i>
<i>Westhaven Elementary</i>	<i>Simonsdale Elementary</i>
<i>Hodges Manor Elementary</i>	<i>Lakeview Elementary</i>

Derek Montgomery  
Attendance Liaison

<i>John Tyler Elementary</i>	<i>Olive Branch PreSchool</i>
<i>New Directions</i>	<i>Simonsdale Elementary</i>
<i>TRAEP</i>	<i>Mt. Hermon Preschool</i>

Angela Greene  
Homeless Liaison