**Educational Service Center of Lake Erie West**



2275 Collingwood Boulevard

Toledo Ohio 43620

*To the Attention of:*

**Philip Williams, Attendance Officer**

[pwilliams@esclakeeriewest.org](mailto:pwilliams@esclakeeriewest.org)

Office 419-246-3110

Fax 419-245-4186

Cell 419-265-6347

**Attendance Referral**

To refer a student, the student must be a "Habitual truant" meaning of compulsory school age and is absent without legitimate excuse for 30 or more consecutive school hours, 42 or more school hours in one school month, or 72 or more school hours in a school year as per ESC Truancy and Student Attendance guidelines and Ohio Law. *When a referral is sent, please attach the attendance history and intervention plan(s).*

Student Name: Date of Birth: / /

Home Address: OH

*(Street) (City) (State) (Zip)*

Grade: Identified Gender: M  F  Special Education: Yes  No

School/District:

Custodial guardian Relationship:

Phone numbers: Cell Home Work

Email:

Other Guardian: Relationship:

Phone numbers: Cell Home Work

Email:

Attendance — Student has been absent:

Hours consecutive unexcused Date intervention plan implemented*\** / /

Hours in one school month unexcused

Hours in a school year unexcused

Previous referral to the Truancy Specialist: No  Yes  Date if known: / /

Are there any other siblings in the school district: No  Yes  (List names and grades below)

Please list other circumstances or information needed (medical, caseworkers, mental health issues):

Referral By:

*(Name) (Title) (School/District)*

Date / / Phone Number: Email

***To be completed by the Truancy Specialist once the Referral is Received:***

*Date Referral Received / / Date Legal Warning Issued / /*

***\*Schools: If Poor Attendance continues from start of the intervention plan, notify me again at once.***