

Educational Service Center of Lake Erie West

2275 Collingwood Boulevard
Toledo Ohio 43620



To the Attention of:

Philip Williams, Attendance Officer

pwilliams@eslakeeriewest.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: ____ / ____ / ____

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

School/District: _____

Home Address: _____ OH _____
(Street) (City) (State) (Zip)

Custodial guardian _____ Relationship: _____

Phone numbers: Cell _____ Home _____ Work _____

Other Guardian: _____ Relationship: _____

Phone numbers: Cell _____ Home _____ Work _____

Attendance — Student has been absent:

_____ Hours consecutive unexcused Date intervention plan implemented* ____ / ____ / ____

_____ Hours in one school month unexcused Total excused & unexcused hours _____

_____ 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.**