**Division of Family Guidance, Juvenile Family Crisis Intervention Unit Phone: 201-336-7360**

**One Bergen County Plaza, 2nd Floor, Hackensack NJ 07601 Fax: 201-336-7370**

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**JUVENILE FAMILY CRISIS INTERVENTION UNIT**

**TRUANCY REFERRAL FORM**

A truancy referral should only be submitted to the Juvenile/Family Crisis Intervention Unit (JFCIU) after

exhausting the steps outlined in the NJ Department of Education Student Attendance Policies & Procedures Compliance Checklist.

***After completing the attached form, kindly review for the following prior to submission:***

* The referral form has been filled out in its entirety and no questions are left blank
  + ***Referrals with missing information will be returned for completion***
* The family’s contact information is listed accurately on the referral form
* The family has been notified that the referral is being submitted
* Submitter acknowledges that the Juvenile/Family Crisis Intervention Unit will expect to maintain

consistent communication with submitter or designated contact person at the school

***Thank You***

**JUVENILE FAMILY CRISIS INTERVENTION UNIT**

**TRUANCY REFERRAL FORM**

**Enter data into the grey boxes. Use the tab key to scroll. Save a copy before sending.**

**Today’s Date:**

**I. Student’s Name:**       **Sex:** **Age:**      **Date of Birth:**

**Home Address:** **Street:**       **Town:**       **State: NJ Zip Code:**       **Grade:**

Town Zip code

**School Name & Address:**

**School Contact**       **Title**       **Phone #**

**Mother’s Name**

**Address (if other than above):**

**Telephone: Home**       **Work:**       **Cell**

**Father’s Name:**       **Family email:**

**Address (if other than above) :**

**Telephone: Home:**       **Work:**       **Cell:**

**Guardian (if other than parent): Name:**       **Relationship:**

**Address:**       **Phone:**

**Family Race**:       **Ethnicity**:       **Primary Language**:

**Does the family require a translator?**

**\*\*Was parent/guardian informed that a truancy referral would be submitted? (A parent/guardian must be notified that a referral will be or was submitted.) Explain:**

**II. Absenteeism Patterns: (\*FILL IN the number of unexcused days missed each month this year & per year for prior grades)**

1. **Current School Year: Sept**     **Oct**     **Nov**     **Dec**  **Jan**     **Feb**     **March**     **April**     **May**

**June**

**B. Previous School Years: K**     **1**    **2**     **3**     **4**     **5**     **6**    7    **8**     **9**     **10**     **11**

**C. Has student been retained at any point? If yes, please explain**:

**III. CST Status Has this student been seen by C.S.T? (If yes, give dates, status and classification):**

**IV. What has the school done to date to reduce absenteeism, as per N.J.S.A. 18A:38-25 and N.J.A.C. 6A:16-7.8:**

**Please state causes of youth’s truancy as determined by school’s investigation:**

**Please explain action plan developed by school to address truancy:**

**Please explain outcome of action plan:**

**Please explain which of the following has been done and the outcome:**

**Has this student’s absenteeism been referred to the I&RS?**

* **Calls to family (number/outcome)**
* **Meetings with Family**
* **Counseling child**
* **Schedule and/or program change**
* **Referral to SAC or SRO**
* **Use of Truancy Officer**
* **Referral to DCPP (formerly DYFS)**
* **Municipal Court?**       **If yes date:**       **Outcome:**
* **Prior referral to JFCIU? If yes date:**       **Outcome:**
* **Other**

**Is the family currently working with any other agencies? If yes, explain**

**V. From the school’s perspective, what factors (individual, family, medical, etc.) may be**

**contributing to the school disengagement?**

**VII. What is the student’s explanation of the absences?**

**VIII. What is the parent/guardian’s explanation of the absences?**

**Person Completing Referral Title**

**School Phone # (include extension)**

     

**Email**

**\*Attach Additional Pages for More Information**      