

**Information & Intervention
Lamoille Valley Truancy Project**

Please mail or fax this form to the attention of Truancy Project with all 10 day letters (or with the 15/20 day letter, if LVTP did not yet receive notice). Attention :

| | |
|--|-----------------------------|
| Lamoille Valley Truancy Program | eneilsen@lrcvt.org |
| PO Box 148 | (802)-888-5223 phone |
| Hyde Park, VT 05655 | (802)-888-5400 fax |

Date of referral: ___/___/___ Student's Name: _____

Age: _____ DOB: _____ Student's School: _____

Grade Level: _____ School Year: _____

Parent/Guardian Contact Information (address and phone #'s): *If parents are separated please identify who has custody of student.*

Total days absent _____ Total days tardy _____ (Can attach attendance sheet)

Are these the result of

- | | |
|---|---|
| <input type="checkbox"/> An illness or other health related event | <input type="checkbox"/> A mental health issue |
| <input type="checkbox"/> A family trip | <input type="checkbox"/> An event that occurred at school |
| <input type="checkbox"/> Unknown | |

Please add any important/relevant information:

School/Guidance/Principal/Team's- Recommended next step(s)

- | | |
|--|---|
| <input type="checkbox"/> Check in with student at school | <input type="checkbox"/> Family meeting |
| <input type="checkbox"/> Letter home | <input type="checkbox"/> Home visit |
| <input type="checkbox"/> Phone call to parent | <input type="checkbox"/> File petition |
| <input type="checkbox"/> Team meeting | <input type="checkbox"/> Other, please describe |
| | <input type="checkbox"/> No action requested |

Submitted by _____ Phone number _____

Role/Title within the school _____ Email _____