

# Community Engagement Board Referral Form

Meeting Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_ Counselor: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Interpreter Needed?: \_\_\_\_\_ Language: \_\_\_\_\_

IEP or 504 Plan?: \_\_\_\_\_ ML?: \_\_\_\_\_ McKinney-Vento?: \_\_\_\_\_

Petition Filing Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## MANDATORY REQUIREMENTS

Notified student/family the benefits of school attendance: YES / NO

Notified student/family of absences: YES / NO

Attended BECCA Conference: YES / NO Date \_\_\_\_/\_\_\_\_/\_\_\_\_

WARNS or another assessment done: YES / NO Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### What is the underlying truant behavior(s)?

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### Action taken at BECCA conference / Interventions offered?

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\*Plan YES / NO

Follow-up date with student: \_\_\_\_/\_\_\_\_/\_\_\_\_

\* *Reason to attend school, barriers to school attendance, steps to overcome barriers and support person identified*

Comments:

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