



Castle Commerce Center, 3430 A Street, Atwater, California 95301  
 Mailing: PO Box 2147, Merced, California 95344  
 www.muhsd.org 209-385-6400 (Fax 209-385-6442)

## SARB Referral Form

School		Reporting Person			Perm ID	
Name		Sex	Grade	Age	DOB:	
Address				<input type="checkbox"/> Foster Youth	<input type="checkbox"/> McKinney Vento	
Parent/Guardian Name		Mother	DOB:			
		Father	DOB:			
Home Ph		Cell Ph		Work		
Special Ed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Program	IEP Date:		
Special Program Placement		<input type="checkbox"/> GATE/AP	<input type="checkbox"/> Limited English Prof	<input type="checkbox"/> Fluent English Prof		
Interpreter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Language			
Source of Income		<input type="checkbox"/> Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> AFDC	<input type="checkbox"/> Other:	

School Interventions Attempted			
<input type="checkbox"/> Home Visit	Date:	<input type="checkbox"/> Attendance Contract	Date:
<input type="checkbox"/> Crisis Counseling	Date:	<input type="checkbox"/> Parent Conference Identified Causes	Date:
<input type="checkbox"/> Referral to School Nurse	Date:	<input type="checkbox"/> Parent Attended Classes	Date:
<input type="checkbox"/> Schedule Change	Date:	<input type="checkbox"/> Modified Day	Date:
<input type="checkbox"/> SST	Date:	<input type="checkbox"/> Incentives Attempted	Date:
<input type="checkbox"/> Wrap Around Services	Date:	<input type="checkbox"/> Other:	
<input type="checkbox"/> SART	Date(s):	<input type="checkbox"/> Referral to SARB	Date(s):

### Student's Attendance Pattern

Days Enrolled
Days Present
Days Excused
Days Unexcused
Days of Truancy
Days of Suspension
Total Periods Absent
Total Periods Truant

### Factors Affecting Attendance

<input type="checkbox"/> Family Problems	<input type="checkbox"/> Work
<input type="checkbox"/> Lack of parental involvement	<input type="checkbox"/> Friends
<input type="checkbox"/> Economic stress	<input type="checkbox"/> Teen Mother
<input type="checkbox"/> Student's attitude	<input type="checkbox"/> Academic performance low
<input type="checkbox"/> Health	<input type="checkbox"/> Unknown
<input type="checkbox"/> Drugs/alcohol	
<b>Academic History</b>	
Credits Attempted:	
Credits Completed:	

Attendance Letters Dates	5	10	15
Truancy Letters Dates	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Summary statement of possible causes of attendance or behavior problems:			

\_\_\_\_\_  
 Administrator's Signature

\_\_\_\_\_  
 Date

LM:glo