

Information & Intervention
Lamoille Valley Truancy Project

Please include this form with all 10-day letters (or with 15-day letters if LVTP has not received notice).

Attention: *Jess McCoy* *jmccoy@lrcvt.org*
 PO Box 148 *(802) 888-5223 phone*
 Hyde Park, VT 05655 *(802) 888-5400 fax*

Date of referral ____/____/____ Student name _____

Age _____ DOB _____ Grade Level _____

Parent/Guardian _____ phone _____

Parent/Guardian _____ phone _____

Case manager/guidance counselor _____ phone _____

Total days absent _____ Total days tardy _____ (please attach attendance documentation)

Missed days may be a result of

- | | |
|---|--|
| <input type="checkbox"/> An illness or other health related event | <input type="checkbox"/> A mental health problem (student or family) |
| <input type="checkbox"/> A family trip | <input type="checkbox"/> An event that occurred at school |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> A substance use problem (student or family) |

Please add any important/relevant information:

The school/guidance counselor/case manager/principal recommends

- | | |
|--|--|
| <input type="checkbox"/> Check in with student at school | <input type="checkbox"/> Family meeting without school |
| <input type="checkbox"/> Send a letter home | <input type="checkbox"/> Homevisit |
| <input type="checkbox"/> Phone call to parent | <input type="checkbox"/> Truancy petition |
| <input type="checkbox"/> Team meeting | <input type="checkbox"/> Other, please describe |

Name of person completing this form _____ Phone _____

Title _____ Email _____