

SupportEd Student Referral Form

Criminal Justices Services

Youth Services

330 Northeast Industrial Lane

Lawrence, KS 66044, USA



For use in Douglas County, KS

Please email this form with attached attendance, grades, and other documentation we may need to: cjsys-truancy@dgcoks.gov.

Referring Agency Information

Referring Agency

Referral Date

Contact Person

Contact Phone Number

Assessment Contact Information

Who should we contact to complete our student attendance assessment?

Name

Email Address

Title/Position

Student Information

Name

Date of Birth

Age

Race

Ethnicity

Gender

School Attended

Grade/Level

Status

Truant

Pre-truant

Parent Information

Parent Name

Street Address

City

State

Postal Code

Phone Number

Email Address

Spanish Speaking?

Parent Name

Street Address

City

State

Postal Code

Phone Number

Email Address

Spanish Speaking?

Comments

Outcome of Initial Referral

To be completed by SupportEd and emailed to the referring agency within 10 business days of the initial referral.

Return Date

SupportEd Contact

Contact Person

Phone Number

Email Address

Signed to SupportEd on

Waitlisted on . Will monitor attendance and wait for spot to open.

Unable to contact family. Date of final attempt

Family refused program on

DCF report made on

because

Referral was sent to District Attorney's Office on

because

Other

Next Step

File Form 1006

Other

SupportEd

To be completed by SupportEd and emailed to the referring agency as needed.

Date Sent

Contact

Contact Person

Phone Number

Email Address

Updates

Next Step

File Form 1006

Other