



# LANE EDUCATION SERVICE DISTRICT NON-ATTENDANCE REFERRAL

INSTRUCTION TO SCHOOL: Please send this completed referral (and attachments) to the Lane ESD Non-Attendance Office at mmartin@lesd.k12.or.us. For questions, please call (541) 461-8285.

PLEASE CHECK ONE:  Lane ESD Processing without Home Visit  
 Attendance Advocate Investigation and Home Visit  
 Continued Non-Attendance/Follow-up Investigation

Today's Date: \_\_\_\_\_

FULL NAME OF THE STUDENT: \_\_\_\_\_

STUDENT'S PREFERRED NAME: \_\_\_\_\_ STUDENT'S PRONOUNS: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

STUDENT DATE OF BIRTH: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

FULL NAME OF PARENT/GUARDIAN: \_\_\_\_\_

IS STUDENT CURRENTLY ON AN IEP? \_\_\_\_\_

PARENT/GUARDIAN'S NATIVE LANGUAGE IF OTHER THAN ENGLISH: \_\_\_\_\_

TO YOUR KNOWLEDGE, DOES PARENT/GUARDIAN SPEAK AND READ ENGLISH? \_\_\_\_\_

TO YOUR KNOWLEDGE, IS THE STUDENT ON PAROLE OR PROBATION? \_\_\_\_\_

PLEASE LIST PAROLE/PROBATION OFFICER'S NAME AND ADDRESS: \_\_\_\_\_

BEST TIME /PLACE TO CONTACT PARENT/GUARDIAN (place of employment, work hours, phone no., etc.): \_\_\_\_\_

ARE THERE ANY PRECAUTIONS YOU RECOMMEND DURING A HOME VISIT?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUMMARY OF STUDENT'S ATTENDANCE -- Please attach an attendance record with excused/unexcused absences noted as well as any additional background information you feel might be pertinent in conducting a non-attendance investigation (e.g. chronology of parent contacts, copies of letters, etc.)

\_\_\_\_\_

NAME OF REQUESTOR: \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

*A copy of the Lane ESD Attendance Advocate report outlining investigations and home visits will be forwarded to the school upon completion.*

*For office use only.*

Date received: \_\_\_\_\_ File No. \_\_\_\_\_ District: \_\_\_\_\_