

AIM/TRUANCY REPORT FORM

Date: _____

Child:

Full Name: _____ Date of Birth: _____

Gender: Male Female Race(s): _____

Identifies as Male Female Trans-sexual Bi-sexual

Address: _____

School: _____ Grade: _____

Mother Contact Information:

Physical Custody: Yes No Legal Custody Yes No

Phone _____ Address: _____

Father Contact Information:

Physical Custody: Yes No Legal Custody Yes No

Phone _____ Address: _____

Other Care Provider Identified/Contact Information:

Indicate parents/child that do not read, speak and understand English and their primary language:

What steps have been taken by the school to address the truancy problem:

AIM Referral Date of Referral _____

Continuing Truant Letter Date of Letter _____

Distance learning expectations provided to child/parent Date _____

Phone call or met with _____

child and/or Date _____

parent(s)/legal custodian(s) Date _____

Offered transportation service

Confirmed internet access

Confirmed device access for youth

Content is accessible to youth for distance learning

► **Directions: Make AIM referral at 4 days unexcused absences and be sure Continuing Truant Letter sent**

► **Continue to update AIM/Truancy staff unexcused absences**

► **At 7 days of unexcused absences, complete Truancy Referral Below:**

_____ See/Attach previous AIM referral form - date of referral

Is the child on an IEP? _____Yes _____No

_____Emotional Behavioral Disability _____Learning Disability _____Speech/Language

Is the child on a 504 Plan? _____Yes _____No

If yes, have any modifications been made to address the child's attendance? If so, what?

Indicate the following circumstances you are aware of for the child/family:

- | | |
|--|---|
| _____Domestic Violence | _____Parent Incarceration |
| _____Mental Health-Self | _____Mental Health-Parent/Caregiver |
| _____Divorce or Separation of Parent | _____Law Enforcement Interaction |
| _____Physical Abuse | _____Sexual Abuse or Assault or Harassment |
| _____Housing Instability | _____Food insecurity |
| _____Little or Lack of Supervision | _____Chemical Use Issues – Parent/Caregiver |
| _____Chemical Use Issues - Self | _____Bullying of Others |
| _____Separation from Siblings | _____Bullied by others |
| _____History of Placement Outside the Home Formally (Social Services or Corrections) | |
| _____History of Placement Outside the Home Informally by Family | |

Does youth identify any other supports in the community: _____Yes _____No

If yes, names/roles _____

Are you aware of any other professional connected to the family? _____

Please attach the following documentation to this form:

- 1. The student's attendance record showing highlighted dates of unexcused absences (*please note that tardies cannot be counted for purposes of filing a truancy petition*);**
- 2. A document explaining how to read the student's attendance record, including explanation of any abbreviations or codes used;**
- 3. A copy of the "Continuing Truant" letter(s) sent to the parent(s)/legal custodian(s); and**
- 4. All other supplemental reports or documentation that you feel provide useful information.**

Official's Signature

Title: _____

Telephone: _____

Email: _____

Send to: **Juvenile Justice Program IM/TDP Contact Persons:**

logans@co.morrison.mn.us or gregory.feia@lssmn.org

Morrison County Social Services

213 SE 1st Ave, Little Falls, MN 56345

Phone: 320-632-0246 or 320-632-2951