

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:

| | |
|--|------------------------|
| <input type="checkbox"/> AIM Referral | Date of Referral _____ |
| <input type="checkbox"/> Continuing Truant Letter | Date of Letter _____ |
| <input type="checkbox"/> Distance learning expectations provided to child/parent | Date _____ |
| <input type="checkbox"/> Phone call or met with | |
| <input type="checkbox"/> child and/or | Date _____ |
| <input type="checkbox"/> parent(s)/legal custodian(s) | Date _____ |
| <input type="checkbox"/> Offered transportation service | |
| <input type="checkbox"/> Confirmed internet access | |
| <input type="checkbox"/> Confirmed device access for youth | |
| <input type="checkbox"/> 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:

| | |
|--|---|
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Parent Incarceration |
| <input type="checkbox"/> Mental Health-Self | <input type="checkbox"/> Mental Health-Parent/Caregiver |
| <input type="checkbox"/> Divorce or Separation of Parent | <input type="checkbox"/> Law Enforcement Interaction |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Sexual Abuse or Assault or Harassment |
| <input type="checkbox"/> Housing Instability | <input type="checkbox"/> Food insecurity |
| <input type="checkbox"/> Little or Lack of Supervision | <input type="checkbox"/> Chemical Use Issues – Parent/Caregiver |
| <input type="checkbox"/> Chemical Use Issues - Self | <input type="checkbox"/> Bullying of Others |
| <input type="checkbox"/> Separation from Siblings | <input type="checkbox"/> Bullied by others |
| <input type="checkbox"/> History of Placement Outside the Home Formally (Social Services or Corrections) | |
| <input type="checkbox"/> 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