



## Chittenden Truancy Response

### Service & Access Screening

secure email to: [Truancy@CenterpointServices.org](mailto:Truancy@CenterpointServices.org)

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

Student's Name \_\_\_\_\_ Age/DOB \_\_\_\_/\_\_\_\_

Student's School \_\_\_\_\_ Current Enrolled Grade \_\_\_\_\_

Referral Source - Your Name \_\_\_\_\_

Contact Info: Your Phone \_\_\_\_\_ Your Email \_\_\_\_\_

What is your role/title within the school? \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

\_\_\_\_\_

**To what degree do you believe this student's truancy is related to...**

	Not at all	Mildly	Moderately	Considerably
1) substance use by this student or family?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) mental health issues for this student or within the family? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) underlying learning difficulties or academic challenges? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) issues of physical health or medical concerns? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) issues of behavioral aggression or violence? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) issues related to gender, identity, or sexual orientation? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) issues related to race, culture, or language? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) issues of child safety or child protection within the family? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) issues of bullying and harassment? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) conflicts between the family and school faculty, staff, or administration?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Are you aware of any history of significant truancy within this family, including with the student's parents, caregivers, or any siblings?.....	<input type="checkbox"/> YES ..... <input type="checkbox"/> NO			
12) Does this student have a positive and meaningful relationship with an adult within the school building?.....	<input type="checkbox"/> YES ..... <input type="checkbox"/> NO			

If yes, please share the name and position/role of this individual \_\_\_\_\_

\_\_\_\_\_

***Please complete the service and strategy inventory on the other side of this form***

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**What services or strategies have been accessed to support this student?**

<b>Initial Strategies</b>	<b>Referred/ Offered</b>	<b>Participated/ Engaged</b>	<b>Unable or Unwilling to Participate</b>
5-, 10-, and 15-day letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone calls with parent(s)/guardian(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meetings with student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meetings with parent(s)/guardian(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentor support (in-school or community based)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic support (in-school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incentive-based plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After-school academic support (e.g., tutoring, homework club)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After-school social support (e.g., activities, clubs, sports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guidance/Student Assistance Counselor involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Social Worker involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Resource Officer involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer Support Services (e.g., summer school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restorative circle or other restorative practice supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Support Team involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical documentation requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mid-Level Strategies</b>	<b>Referred/ Offered</b>	<b>Participated/ Engaged</b>	<b>Unable or Unwilling to Participate</b>
Home visit by school or support personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schedule changes and accommodations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individualized tutoring, in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional Behavioral Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special education assessment or support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health and substance abuse assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual counseling or therapy for the student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling or therapy for the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restorative panel or other restorative justice interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural support, transition, or integration services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Intensive Strategies</b>	<b>Referred/ Offered</b>	<b>Participated/ Engaged</b>	<b>Unable or Unwilling to Participate</b>
On-site alternative school program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-site alternative school program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individualized tutoring, off-site or in home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral to community consultation panels or teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family group conferencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Act 264 Coordinated Service Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis Service access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child abuse, child protective, or juvenile probation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive family or wraparound service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>