

SupportEd Student Referral Form

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

Referring Agency Information

Referring Agency: _____ Referral Date: _____

Contact Person: _____ Contact Number: _____

Who should we contact to complete our student attendance assessment?

Name: _____ Email: _____

Title/Position: _____

Student & Guardian Information

Name: _____ DOB: _____ Age: _____

Race: _____ Ethnicity: _____ Sex: _____

School: _____ Grade: _____

Status: Truant on _____ or Pre-Truant

Parent Name: _____

Address: _____

Phone: _____ Email: _____

Spanish speaking?

Parent Name: _____

Address: _____

Phone: _____ Email: _____

Spanish speaking?

Comments:

SupportEd Student Referral Form

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: _____

Contact Person: Kate Holman

Contact Phone: (785) 331-1308

Contact Email: kholman@douglascountyks.org

Outcome of Initial Referral:

- 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 sent to District Attorney's Office on _____ because _____
_____.
- Other:

Next Step:

- File [Form 1006](#).
- Other:

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

Date Sent: _____

Contact Person: Kate Holman

Contact Phone: (785) 331-1308

Contact Email: kholman@douglascountyks.org

Updates:

Next Step:

File [Form 1006](#).

Other: