



Student Hearing and Placement Department
(SHPD-F043)

School Attendance Review Board (SARB) Referral Form

School Name

Student Number: _____ DOB: _____
 Student's Name: _____ Grade: _____
 Student's Address: _____ Zip Code: _____
 Father's Name: _____ Home Telephone # _____
 Address: _____ Work Telephone/Cellular # _____
 Mother's Name: _____ Home Telephone # _____
 Address: _____ Work Telephone/Cellular # _____

Language/s spoken at home: _____ **TRANSLATORS MUST BE PROVIDED BY THE REFERRING SCHOOL**
 Sibling's Names: _____ Age: _____ School: _____ Attendance Patterns: _____

Behavior History: Factors Affecting Attendance:
 Has this student had a Behavior Hearing? Drugs/Alcohol Health (attach information)
 Yes Date _____ No Economic stress Low academic performance
 Has this student had a Expulsion? Family issues Teen parent
 Yes Date _____ No Friends Work
 Gangs Other (specify) _____

Academic History:
 Retained Yes No Is this student in a Special Education Program? Yes No
 ?
 If yes, which grade? _____ If yes, please check below:
 Is this student a foster child? Yes No RSP LH SDC ED 504 Other _____

Probation Status:
 Is this student on probation? Yes No Name and Telephone Number of Probation Officer: _____

Administrative Recommendation:
 After-School Program Special Education Referral Tutoring
 Counseling SARB Reprimand Other (specify): _____

Comments:

Site Administrator's Signature: _____ Date: _____