



Shasta County
2985 Innsbruck Drive
Redding, California 96003

SARB REFERRAL PACKET CHECKLIST Please email sarbtruancy@shastacoe.org

Please use this checklist to make sure your referral packet submission is complete

PLEASE FILL OUT COMPLETELY

Student Name:			
School:			
District:			
Submitting Personnel:			
Contact Phone Number:			
Foster youth: (Circle)	YES/NO	Date of contract:	SART Contract: YES/NO

CHECKLIST:

<input type="checkbox"/>	Demographics page from Aeries (picture)
<input type="checkbox"/>	Confidential SARB Referral/Appraisal Form from all teachers
<input type="checkbox"/>	Copy of Initial Letter of Absences
<input type="checkbox"/>	2nd Letter Notification of Absences with Scheduled SART Meeting
<input type="checkbox"/>	SART Agreement / Contract <ul style="list-style-type: none"> • A list of all interventions the school/district has attempted • Community Connect referral and services and interventions
<input type="checkbox"/>	3rd Letter Notification of Absences which informs parents of SARB Referral
<input type="checkbox"/>	Current Attendance Record printout (Aeries) # of Days/% missed total Absences
<input type="checkbox"/>	Attendance History Record printout (Aeries)
<input type="checkbox"/>	Student Grades and/or Transcript
<input type="checkbox"/>	Communication with parents & Attendance notes in Aeries
<input type="checkbox"/>	Date of Community Connect Referral _____
<input type="checkbox"/>	Does the student have an IEP/504? (circle either IEP or 504)
<input type="checkbox"/>	If yes, please attach copy of attendance goals (for both IEP/504)

Please provide any additional information for your case



STUDENT									
Pupil Name				District Stu ID			SSID		
Grade	Age	Birthdate		Was student retained? (List grade.)					
IEP	504	ELL	Foster	Homeless	Probation Officer				
Medications									
School					Teacher/Counselor				
DESCRIPTION OF PROBLEM RESULTING IN REFERRAL TO SARB									
Describe:									
Contributing Factors:		Health: student.		Substance abuse: student.		Student is a parent.			
Family conflict.		Health: parent.		Substance abuse: family member.		Student's parent is a teen.			
Economic stress.		Health: family.		Lack of parental involvement.		Negative peer influence.			
Student's job.		Student attitude.		Student caring for younger sibs.		Grief & loss.			
ATTENDANCE					ACADEMICS				
YTD	Last YR				Start Time	Current Progress		Mark	
		Possible days of attendance.				Subject			
		Days attended.							
		Attendance rate (Divide days attended / days possible.)							
		Full day absences.							
		Excused absences.							
		Days suspended.							
		Full day truanancies.							
		Partial day truanancies (Unexcused abs. > 30 minutes.)							
		Total truanancies.							
DISCIPLINE HISTORY				CREDITS			GPA		
Referrals for discipline.				Typical for Grade Level			Semester		
Incidents resulting in suspension.				Attempted			Cumulative		
Suspensions for violent behavior.				Earned			CAHSEE		
Weapon / Dangerous object.				Minimum Required to Graduate			English		
ATOD related suspensions.				Needed to Graduate			Math		
RESIDENCE									
Home Address				City		Home Phone			
				ZIP					
ADULTS IN HOME									
		Name	Relationship to Pupil	Language Spoken	Cell Phone	Work Phone			
Parent or Guardian									
Other									
Will a translator be needed to assist during the hearing? (If yes, list language.)									
OTHER CHILDREN IN HOME									
		Name	Grade	Age	Relationship to Pupil	YTD Absences	YTD Truanancies		
NON-CUSTODIAL PARENT									
Name			Cell		Work		Ed Rights		
Address					City		Zip		
Name			Cell		Work		Ed Rights		
Address					City		Zip		