

Houston County Attorney's Office
TRUANCY PETITION REFERRAL

Date of Referral: ____/____/____

** Please email completed form to:
Suzanne.bublitz@co.houston.mn.us and
HCAO@co.houston.mn.us

Student Information

Student Full Name: _____

Gender: ☐ Male ☐ Female DOB: _____ Grade: _____

Parent/Guardian Information: To be completed for both biological parents.

(Parent/Guardian – primary residence, if multiple)

(Parent/Guardian – secondary residence, if multiple)

Name: _____	Name: _____
Mailing Address: _____	Mailing Address: _____
City, State Zip: _____	City, State Zip: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Student Lives with: ☐ Mother ☐ Father ☐ Guardian (Check all that apply) ☐ Other: _____

Student has Native American Heritage: ☐ Yes ☐ No ☐ Unsure Tribe (If known): _____

Safety Concerns: ☐ Yes ☐ No ☐ Unknown Please explain: _____

Attendance Information

ABSENCES	
Date of FIRST Unexcused Absence	
Date of MOST RECENT Unexcused Absence	
TOTAL Number of Unexcused Absences	

Please attach CURRENT attendance information as of the date of this referral and your school's attendance code explanation key.

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School Personnel Pre-Petition Referral Efforts: (Check all that apply. Include dates & copies, if available)

Meeting with Student ☐ No ☐ Yes Date(s) _____

Communication with Parents ☐ No ☐ Yes Date(s) _____ ☐ copy(s) attached

Mandated Doctor's Excuse ☐ No ☐ Yes Date(s) _____ ☐ copy(s) attached

In addition, the School District has undertaken the following actions to eliminate/reduce the student's absences:

- | | |
|---|--|
| <input type="checkbox"/> Provided Electronic Device (for distance learning) | <input type="checkbox"/> Confirmed with Parent/Student that Internet/Device(s) is accessible |
| <input type="checkbox"/> Provided Written Classwork Materials | <input type="checkbox"/> Provided Mobile Hotspot |
| <input type="checkbox"/> Adjusted Class Schedule | <input type="checkbox"/> Conducted Home Visit |
| <input type="checkbox"/> Adjusted Student's Program | <input type="checkbox"/> Reviewed/Changed IEP |
| <input type="checkbox"/> Transportation Services | <input type="checkbox"/> Referred for MH Counseling |
| <input type="checkbox"/> Provided Tutoring | <input type="checkbox"/> Referred for CD Counseling |
| <input type="checkbox"/> Provided Individualized Instruction | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Engaged School Social Worker | |
| <input type="checkbox"/> Engaged School Psychologist | |

How is the Student performing academically? ☐ Above grade level ☐ At grade level ☐ Below grade level

Please Elaborate on the Causes of the Student's Truancy and Offer Recommendations for Services:

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Petitioner/School Contact Information

Name of School: _____

Petitioner's/School Contact's Name and Title: _____

Phone Number: _____ Email: _____

QUESTIONS?

Please contact Assistant Houston County Attorney Suzanne Bublitz
at 507-725-5802 or Suzanne.bublitz@co.houston.mn.us