Truancy Mediation Checklist

Instructions: Please complete this checklist and the attached District Attorney Mediation Referral Form. These documents must be submitted via e-mail to truancymediation@da.lacounty.gov.

____1. District Attorney Mediation Referral Form completed with SARB seal or official stamp placed on page 2 of the Referral Form.

____2. Personal ID Information for Pupil and Parent(s) or Guardian(s) including Date of Birth, physical description, current address, zip code, and phone numbers.

____3. 2 years of School Attendance Records with explanatory key codes.

____4. 1st Notification of Truancy to Parent(s) or Guardian(s): Letter or Phone Log or other documentation indicating advisement given to Parent(s) per EC 48260.5 (a-h).

____5. 2nd Notification of Truancy to Parent(s) or Guardian(s): Letter or Phone Log or other documentation notifying Parent or Guardian of student’s continued truancies. (EC 48261)

____6. 3rd Notification (Habitual Truant): Notification of “Habitual Truant” classification to Parent(s) or Guardian(s) with request for a Conference (SART Meeting)¹. Letter, Phone Log, or other documentation showing school made a “conscientious effort” to meet with the Parent(s)/Guardian(s) to discuss Pupil’s truancy problem. (EC 48262)

____7. SART Contract and Notes of SART Meeting. If “no show” please so indicate.

____8. Written Notice to Parents of SARB Hearing date. (EC 48263)

____9. SARB Contract and Notes of SARB Meeting. If “no show” please so indicate.

____10. Relevant Discipline Records².

Date: __________________________________________________

Name: _________________________________________________

Telephone Number________________________________________

¹ Request for a Parent Conference (SART Meeting) may be done with the 2nd or 3rd Notification of Truancy. A “conscientious effort” to hold this conference must be done before a referral is made to SARB.

² Although truancy mediation will primarily address attendance, discipline records are requested because truancy and school discipline are often related.

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### SUMMARY OF ABSENCES

<table>
<thead>
<tr>
<th>CURRENT SCHOOL YEAR</th>
<th>PRIOR SCHOOL YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total # of School Days to Date</strong></td>
<td><strong>Total # of School Days</strong></td>
</tr>
<tr>
<td><strong># Days: Absence with valid excuse</strong></td>
<td><strong># Days: Absence with valid excuse</strong></td>
</tr>
<tr>
<td>Truant</td>
<td>Truant</td>
</tr>
<tr>
<td>Non-valid excuse</td>
<td>Non-valid excuse</td>
</tr>
<tr>
<td>Not enrolled</td>
<td>Not enrolled</td>
</tr>
</tbody>
</table>

### II. IF PARENT ALONE AT FAULT, OMIT II AND COMPLETE III.

#### HABITUALLY TRUANT (Complete if minor alone or minor and parent at fault.)

1. Said minor was absent from school without valid excuse THREE days, to wit: (Per E.C. 48260)

<table>
<thead>
<tr>
<th>DATES OF ABSENCES</th>
<th>DATE OF VERIFICATION</th>
<th>PERSON CONTACTED (Parent, Guardian, Person in Charge)</th>
<th>EMPLOYEE CONTACTING HOME (Name of School Official)</th>
<th>VERIFIED (How)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td></td>
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<td></td>
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<tr>
<td>2nd</td>
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</tr>
<tr>
<td>3rd</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Truancy was reported to **SUPERVISOR OF ATTENDANCE** DATE

2. Having thus been reported as a truant, the subject was absent without valid excuse ONE or more days, to wit: (Per E.C. 48261)

<table>
<thead>
<tr>
<th>DATES OF ABSENCE</th>
<th>DATE OF VERIFICATION</th>
<th>PERSON CONTACTED</th>
<th>EMPLOYEE CONTACTING HOME</th>
<th>VERIFIED (How)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
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</tbody>
</table>

And was again reported as a truant to **SUPERVISOR OF ATTENDANCE** DATE

Pursuant to E.C. Section 48262, a SART conference with a parent or guardian of the student and the student himself was scheduled for and the results were:

The parent conference was not conducted because

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Rev. 9/2015
3. Subsequent to the above dates the subject was again absent from school without valid excuse ONE or more days to
wit: (Per E.C. 48262)

<table>
<thead>
<tr>
<th>DATE(S) OF ABSENCE</th>
<th>DATE OF VERIFICATION</th>
<th>PERSON CONTACTED</th>
<th>EMPLOYEE CONTACTING HOME</th>
<th>VERIFIED HOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

And was again reported as a truant to ________________ SUPERVISOR OF ATTENDANCE ________________ DATE

III. EXCESSIVE ABSENCES: PARENTS/GUARDIAN HAVE FAILED TO SEND CHILD TO FULL-TIME DAY/CONTINUATION SCHOOL, to wit: (USE ATTACHMENTS IF NECESSARY)

<table>
<thead>
<tr>
<th>DATES OF ABSENCES</th>
<th>PERSON CONTACTED (Parent, Guardian, Person in Charge)</th>
<th>EMPLOYEE CONTACTING HOME (Name of School Official)</th>
<th>EXPLANATION FOR ABSENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd</td>
<td></td>
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<td></td>
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<tr>
<td>3rd</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4th</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Minor having been habitually truant or excessively absent or both, referral made to SARB # ____________________________ on ________________ (E.C. 48263, 48291)

SCHOOL ATTENDANCE REVIEW BOARD FINDINGS

Date(s) of SARB meeting with minor, parent/guardian: ____________________________ SARB determined public and private services are insufficient or inappropriate and/or minor, parent/guardian or both failed to respond to directives or services provided as follows: (USE ATTACHMENTS IF NECESSARY)

________________________________________________________________________

Are you aware of prior or current Juvenile Court proceedings (300, 601, 602 W.I.C.)? If yes, explain:

________________________________________________________________________

Are you aware of prior or current prosecutions against the parent/guardian for Education Code Violations? If yes, explain:

________________________________________________________________________

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(SARB SEAL)

________________________________________________________________________

SIGNATURE OF CHAIRPERSON DATE

CONTACT FOR MEDIATION HEARING AND FURTHER INFORMATION

________________________________________________________________________

SCHOOL DISTRICT REPRESENTATIVE ADDRESS PHONE NO.

Rev. 9/2015
Truancy Case Filing Checklist

Instructions: Complete this checklist and the attached Truancy Case Filing Referral Form. Please date, sign, and provide a telephone number at the bottom of this checklist. Submit documents in triplicate to the mediator serving your district or SARB. You can determine who your assigned mediator is by consulting the Truancy Mediation and Requests for Subsequent Prosecution: A Handbook for School Districts and School Attendance Review Boards in Los Angeles County, available at www.lacoe.edu or by calling (323) 357-5380. A request for filing should be initiated when the student has gone through mediation and has missed an additional three days of school without legal excuse.

1. Complete the Truancy Case Filing Referral Form.

2. Provide all previous documentation that was submitted at the time the mediation was requested. The resubmission of material is for the purpose of filing a criminal case.

3. Provide updated attendance records that show subsequent truancy past the date this case was submitted for mediation.

4. Provide a school calendar, indicating start and finish dates, and school sanctioned days off.

5. Provide a typed witness list. Necessary witnesses include: (1) child welfare and attendance personnel familiar with this case; (2) the SARB chairperson; (3) school personnel who have contacted or attempted to contact minor and parents/guardians; (4) interpreters used during proceedings; and, (5) parents/guardians who may offer testimony in juvenile court related to the attendance of their child; (6) Attendance supervisor. 601 WIC. For all witnesses, please include business mailing address, and phone number or cell number. All witnesses must be able to identify the minor as a student at the school. At least one of the witnesses must be a person who can testify about the records that are being provided.

6. Provide a current address, zip code, and phone number of minor and parents/guardians.

7. Provide a physical description of minor and parents/guardians (including full name, height, weight, D.O.B., hair and eye color, race, distinguishing marks, CDL #, etc.).

Date: __________________________________________________

Name: _________________________________________________

Telephone Number: ____________________________________
TRUANCY FILING CHECKLIST AND REFERRAL FORM

Instructions: Complete this checklist and the attached 601 Truancy Case Review Worksheet Referral. Please date, sign, and provide a telephone number at the bottom of this checklist. Submit documents in triplicate to the mediator serving your district or SARB. You can determine who your assigned mediator is by consulting the Truancy Mediation and Requests for Subsequent Prosecution: A Handbook for School Districts and School Attendance Review Boards in Los Angeles County, available at www.lacoe.edu or by calling (323) 357-5380. A request for filing should be initiated when the student has gone through mediation and has missed an additional three days of school without legal excuse.

1. Complete the 601 Truancy Case Review Worksheet Referral form.

2. Provide all previous documentation that submitted at the time that mediation was requested. The resubmission of material is for the purpose of filing a criminal case.

3. Provide updated attendance records that show subsequent truancy past the date this case was submitted for mediation.

4. Provide a school calendar, indicating start and finish dates, and school sanctioned days off.

5. Provide a typed witness list. Necessary witnesses include: (1) child welfare and attendance personnel familiar with this case; (2) the SARB chairperson; (3) school personnel who have contacted or attempted to contact minor and parents/guardians; (4) interpreters used during proceedings; and, (5) parents/guardians who may offer testimony in juvenile court related to the attendance of their child. 601 WIC. For all witnesses, please include business mailing address, and phone number or cell number. All witnesses must be able to identify the minor as a student at the school. At least one of the witnesses must be a person who can testify about the records that are being provided.

6. Provide a current address, zip code, and phone number of minor and parents/guardians.

7. Provide a physical description of minor and parents/guardians (including full name, height, weight, D.O.B., hair and eye color, race, distinguishing marks, CDL #, etc.).

Date: ____________________________________

Name: ____________________________________

Telephone Number: _________________________
Truancy Case Filing Referral Form

<table>
<thead>
<tr>
<th>Juvenile's Last name</th>
<th>First name</th>
<th>D.O.B.</th>
<th>Age</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>Weight</td>
<td>Hair Color</td>
<td>Eye Color</td>
<td></td>
</tr>
<tr>
<td>Deputy Filing Case/Date</td>
<td>School</td>
<td>Grade</td>
<td>School District</td>
<td></td>
</tr>
<tr>
<td>School Attendance Worker</td>
<td>Phone Number</td>
<td>SARB NO.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address of Minor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian Name and Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PARAGRAPH 1**
(Please include dates of unexcused absences which occurred after the date of the referral for truancy mediation.)

<table>
<thead>
<tr>
<th>Absent 3 days or more without valid excuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Again absent one or more days without valid excuse, to wit:</td>
</tr>
<tr>
<td>Again absent one or more days without valid excuse, to wit:</td>
</tr>
<tr>
<td>Total number days absent in school year</td>
</tr>
</tbody>
</table>

**PARAGRAPH 2**

<table>
<thead>
<tr>
<th>Date referred to SARB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred to following Agencies for services</td>
</tr>
<tr>
<td>Failed to follow instructions, to wit</td>
</tr>
</tbody>
</table>

NARRATIVE:

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Rev: 9/2015
SCHOOL ATTENDANCE CONTRACT
Office of the District Attorney – County of Los Angeles

Date: ________________________________

The District Attorney Hearing Officer, having evaluated a referral by ____________________________ SARB
_________________________ regarding __________________________ Pupil/SSID

and having met in conference with the School District representative, the parents, and the pupil, recommends the following action be taken:

1. Attend school and all classes.
2. Arrive to school and all classes on time.
3. For all illness absences. Parents to provide a doctor’s or other medical advisor’s written verification, or parent to send student to school to be checked/released if ill, or parent to go to school to verify illness absence.
4. For all absences: Parent to contact school to explain absence.
5. Student/parent/guardian is directed to make use of community services and to furnish satisfactory evidence of participation in such services ________________________________

6. Obey school rules and maintain satisfactory citizenship.

I/we consent to participate in the agreement above and understand that if I/we fail to maintain this agreement I/we may be prosecuted for violation of the Education Code.

Signed ____________________________ Date ________________
FATHER OR GUARDIAN

Signed ____________________________ Date ________________
MOTHER OR GUARDIAN

I consent to participate in the agreement above, and I understand that if I fail to maintain this agreement that a petition may be filed in the juvenile court for habitual truancy.

Signed ____________________________ Date ________________
STUDENT

I will submit a progress report to the District Attorney Hearing Officer as needed or by (date)

__________________________

I understand that if the above parties fail to maintain this agreement I am to immediately notify the District Attorney Hearing Officer and provide the necessary documentation.

Signed ____________________________ Date ________________
SCHOOL REPRESENTATIVE

Signed ____________________________ Date ________________
HEARING OFFICER

Distribution: White – District       Yellow – Parent       Blue – Hearing Office