

Attn: Harriett Dean, ERESA
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 CONFIDENTIAL INFORMATION

EATON COUNTY TRUANCY INTERVENTION PROGRAM (TIP)

Identifying Data (Please print all data clearly)		Date of Referral:
Student name:	Student street address:	City, State, ZIP:
Student date of birth:	Male or Female (circle one)	Grade of Student:
Mother's full name:	Address (if different from above):	City State, ZIP:
Mothers date of birth:	Phone:	Email:
Father's full name:	Address (if different from above):	City, State, ZIP:
Fathers date of birth:	Phone:	Email:
Guardian/Other name:	Address:	City, State, ZIP:
Guardian date of birth:	Phone:	Email:
Should any address or phone number be kept confidential? If so, whose?		
Child is living with (circle all those applicable): Mother Father Stepmother Stepfather Guardian/other (name):		
Referring Asst. Principal or Counselor:	School district & building: Direct telephone #:	
This HS student is credit deficient as of this date: YES NO		
Please fill in attendance data below and attach a print-out of attendance and notice to parent(s):		
Year-to-date Attendance (fill in all relevant spaces)	PLEASE NOTE: # of class periods missed are NOT included in the full days below for court purposes)	

				# Class periods missed excused		# Class periods missed unexcused	
# excused absences (days):		# unexcused absences (days):		# excused tardies		# unexcused tardies:	

Attach the completed Pre-Referral Checklist This form must be completed prior to referral. **CHECK all that apply:**

___ Determined the student has met the district's definition of truant in accordance to district attendance policy

___ Contacted parent(s)/guardian(s) by telephone (# of times ___)

___ Provided **written** notice to parents/guardians (minimum of 2) of truancy status **and notice of** referral to Eaton RESA for truancy. (***REQUIRED PRIOR TO REFERRAL**)

___ Conducted ___ (#) of face-to-face meeting(s) (**1 is mandatory**) with parents/guardians to discuss the attendance problem. (***REQUIRED PRIOR TO REFERRAL**)