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## **MONTCALM COUNTY PROSECUTOR’S OFFICE**

Mail to:

Matt Peterson **Telephone: 989-831-7395**

621 N. State St., Stanton, MI 48888

# **EDUCATIONAL NEGLECT REFERRAL FORM**

**(Kindergarten – 5th Grade)**

2023-2024 School Year

| **Student’s Name**: |       | ☐ **Male** | ☐ **Female** | **Birthdate**: |       |
| --- | --- | --- | --- | --- | --- |
| **Grade**: |       | **School Building**: |       |
| **Father’s Name**: |       | **Home Phone**: |       |
| **Address:** |       | **City**: |       | **Zip**: |       |
| **Employer**: |       | **Work Phone**: |       |
| **Mother’s Name**: |       | **Home Phone**: |       |
| **Address**: |       | **City**: |       | **Zip**: |       |
| **Employer**: |       | **Work Phone**: |       |
| **Guardian Name**: |       | **Home Phone**: |       |
| **Address**: |       | **City**: |       | **Zip**: |       |
| **Employer**: |       | **Work Phone**: |       |
| **Guardianship confirmed by**: ☐ Letter of Authority ☐ Power of Attorney |
| **Name of Person child resides with**? |       |
| If different than above, please provide address, phone number, and employer’s name and work number:      |
| **List dates that parent/guardian were contacted and method of contact (phone, letter, home visit, in person):** |
|  |  |  |  |  |  |  |  |
| **Date** | **Method** | **Reason for Contact** |
|       |       |       |
|       |       |       |
|       |       |       |
|  |  |  |  |  |  |  |  |
| If you have not had contact with a parent or guardian, please explain.       |
| Was a home call made or attempted (please explain and include any observations, etc.):       |
| Has the student been identified as special needs? ☐ Yes ☐ No |
| Is the student experiencing any physical, emotional, or mental obstacles? ☐ Yes ☐ No  |
|  If yes, what obstacles:       |

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| Is the student currently failing? ☐ Yes ☐ No (attach current report card/grades) |
| --- |
|  What subjects. Please be specific       Has the student been retained in any school year? ☐ Yes ☐ No Was retention due to attendance issues? ☐ Yes ☐ No (If yes, please explain):      Are the student’s absences related to illness or suspension? ☐ Yes ☐ No |
| Is there a prior history of confirmed absences ☐ Yes ☐ No **Grade Absences** Kindergarten       First       Second       Third       Fourth       |
| What current support services are in place for both parent and student and/or what referrals have been made to correct theattendance issue? Include dates if applicable and who provided the referral. |
| ☐ teacher intervention (explain):       |
| ☐ administrative intervention (explain):       |
| ☐ mentor (explain):       |
| ☐ tutoring (explain):       |
| ☐ individual/small group instruction (explain):       |
| ☐ school counseling (explain):       |
| ☐ participating in outside counseling (Name of Agency):       |
| ☐ Referral to Behavioral Health:       |
| ☐ Referral to Department of Human Services:       |
| ☐ Referral to Health Department (lice):       |
| ☐ other:       |
|  |
| What has the child said about being absent? (all children should be interviewed)       |
| What has the parent said about the child’s absences? (all parents should be interviewed)       |
| What is the school’s opinion as to why the child is absent?       |
| Please detail any actions the parent/guardian has taken to address their child’s absences.       |

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| Are there any other special circumstances that should be addressed? ☐ Yes ☐ No If yes, please explain:       |
| --- |
| Please list any and all witness information, including name and title that would be able to testify in court if needed. **Names** **Title**                                                             |

**\*\*\* ATTACH COPIES OF ATTENDANCE RECORDS, CONTRACTS (BETWEEN SCHOOL AND PARENT AND/OR STUDENT), CORRESPONDENCE (ALL LETTERS WRITTEN TO THE PARENT AND/OR RECEIVED BY THE PARENT) OR ANYTHING ELSE RELATED TO THE ATTENDANCE PROBLEM\*\*\***

This form **must** be filled out completely in order to file an educational neglect. Failure to provide **all** information will delay the commencement of action and the Referral Form will be returned to the school for further information.

| **School Contact Information:** |
| --- |
| Phone: |       | E-mail: |       | Fax: |       |

**SIGNATURE OF ADMINISTRATOR** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature Please – MUST BE SIGNED) Date