

**STATE OF UTAH JUVENILE COURT**  
**HABITUAL TRUANCY/SCHOOL BASED REFERRAL**

**The following requirements must be met before a Class C misdemeanor or lower offense can be made:**

- The minor allegedly committed the **same offense** on school property on two separate occasions.
- The minor was referred to an evidence based alternative intervention, or to prevention or youth services for both of the two previous offenses.

**The following requirements must be met before a habitual truancy referral can be made ([53G-8-211](#)):**

- Youth is in 7th grade or above AND at least 12 years of age.
- Youth has failed participation in an evidence based alternative intervention - (May include: Mobile crisis outreach team; A youth services center operated by the Division of Juvenile Justice Youth Services; A youth court or comparable restorative justice program; Evidence based interventions created and developed by the school or school district; Other evidence-based interventions that may be jointly created and developed by a local education agency, The state board, the juvenile court, local counties and municipalities, the Department of Health or the Department of Human Services).
- Youth has failed to participate in prevention and early intervention youth services provided by the Division of Juvenile Justice Services.

**Please select which referral the school is submitting:**

- Habitual Truancy**
- School based referral (Class C misdemeanor or lower offense)**

Student Number: \_\_\_\_\_

DOB: \_\_\_\_\_ Address: \_\_\_\_\_

Student Name: \_\_\_\_\_

Referral completed by: \_\_\_\_\_

Gender: M F    Ethnicity: \_\_\_\_\_

Youth Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ Student resides with: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Address: \_\_\_\_\_

Mom Cell Phone: \_\_\_\_\_

Mother: \_\_\_\_\_

Dad Cell Phone: \_\_\_\_\_

Parents email: \_\_\_\_\_

Youth email: \_\_\_\_\_

Interpreter needed: Y N    Parent/ Youth Language: \_\_\_\_\_

**School**

School: \_\_\_\_\_ Grade: \_\_\_\_\_ GPA: \_\_\_\_\_

Academic Progress/On Track for Graduation Y N Details \_\_\_\_\_  
Does student Have an IEP Y N Details \_\_\_\_\_  
Does Student Have ELL / ESL Accommodations Y N Details \_\_\_\_\_

### **Youth Profile**

Physical Health Concerns: Y N Details: \_\_\_\_\_  
Is There a Health Care Plan? Y N Details: \_\_\_\_\_  
Mental Health Concerns Y N Details: \_\_\_\_\_  
Youth In Custody Student Y N Details: \_\_\_\_\_

### **Participation in Prevention and Early Intervention Youth Services Provided by JJYS**

\*\*\*\*\*Provide a report from the Division of Juvenile Justice Youth Services that demonstrates the minor's failure to complete or participate in prevention and early intervention services per statute.\*\*\*\*\*

Name of program: \_\_\_\_\_ Referred Date: \_\_\_\_\_  
Date of Unsuccessful Termination: \_\_\_\_\_

### **Narrative / Additional Information:**

\*\*\*\*\*Please attach a report of evidence based alternative interventions utilized, including outcomes\*\*\*\*\*

### **School Based Offenses (only needed for school based referrals):**

\*\*\*\*\*Please attach all reports related to the alleged offenses committed on school property\*\*\*\*\*  
Alleged Offense: \_\_\_\_\_ Date: \_\_\_\_\_  
Outcome: \_\_\_\_\_  
Alleged Offense: \_\_\_\_\_ Date: \_\_\_\_\_  
Outcome: \_\_\_\_\_

### **Efforts Made To Address Habitual Truancy (only needed for habitual truancy referrals):** (Please include dates)

Conferences held with student: \_\_\_\_\_  
Conferences held with parent: \_\_\_\_\_  
Phone contact with parent: \_\_\_\_\_  
Home visits made: \_\_\_\_\_  
Behavioral Contracts tried: \_\_\_\_\_  
Administrative Contacts tried: \_\_\_\_\_  
Assigned School Representative: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Notice of Truancy: \_\_\_\_\_

Date of Second Notice of Truancy: \_\_\_\_\_

Total number of days truant: \_\_\_\_\_

Adjusted/Modified Class Schedule Y N

Counselor/Administrator/Teacher Daily/Weekly Check in Y N

Daily Tracking Sheets Y N

Attendance Contract Y N

Assigned Tracker/Mentor BHA Y N Details: \_\_\_\_\_

Home Visit Y N

Referral to After School Program Y N

Referral to Social Worker/Psychologist Y N Details: \_\_\_\_\_

Vocational School Details \_\_\_\_\_

Alternative School Details \_\_\_\_\_

Other \_\_\_\_\_

**\*\*Please attach School Attendance Records with habitual truancy referrals\*\***

**Narrative / Additional Information:**

School District making referral: \_\_\_\_\_ Date: \_\_\_\_\_

School District official submitting court referral: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_