

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: _____

Student Name: _____

Gender: M F Ethnicity: _____

Age: _____ Student resides with: _____

Father: _____

DOB: _____ Address: _____

Mother: _____

DOB: _____ Address: _____

Referral completed by: _____

Youth Birth Date: _____

Home Phone: _____

City: _____ Zip: _____

Mom Cell Phone: _____

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: _____