

**BENTON COUNTY
EDUCATIONAL NEGLECT REPORTING FORM**

Please complete this entire form. Lack of information may cause this referral to be returned for more detail.

Name of Person Making Report:		Date of Report:
Position: (✓ only one) <input type="checkbox"/> Counselor <input type="checkbox"/> Nurse <input type="checkbox"/> Principal <input type="checkbox"/> SW <input type="checkbox"/> Teacher <input type="checkbox"/> TA <input type="checkbox"/> Other:		
Direct Phone Number:	Identify School & Address:	

Student's Name	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:	Age:	Grade:
Address:	City	State	Zip	

IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No
IEP Category:

Student's Siblings if any (names, ages, grades & school locations):

Mother's Name	Father's Name
Mother's Address	Father's Address
Mother's Phone Number	Father's Phone Number

Student's Legal Custodian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:
Student lives with (✓ all that apply): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:
If Other checked, what are their names, addresses and phone numbers:

Primary language at home:
Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No

Family Issues (check all that apply and provide a written explanation)

<input type="checkbox"/> Health Issues (physical, mental, chemical) - Please describe the school's concerns, the student's diagnosis, if available, and interventions attempted.
<input type="checkbox"/> Child's Behavior Problems (i.e. attention/concentration problems, defiant, anxiety issues)
<input type="checkbox"/> Academic Concerns (i.e. learning disability, change in grades)
Parental Impact/Other (compliance with compulsory instruction laws, chemical use, death, divorce)

5 Items Required for Submitting a Child Protection Report of Educational Neglect

1. Initial letter to family sent by the school/principal at three full days unexcused absences in the parent's/guardian's primary language **(please attach copy)**.

Date letter(s) sent: _____

2. At least 1 contact with the parent/guardian after the Initial Letter to the family was mailed. (During this contact the school explained the extent of the child's attendance problem, explained the law regarding school attendance and the school's policies and procedures regarding attendance). Discussed with the parent/guardian what they feel the barriers to attendance have been and began to discuss how these barriers can be addressed. **If unsuccessful in contacting the parent/guardian to discuss attendance issues, please document your efforts and proceed with the educational neglect provided other conditions are met.**

Date of contact: _____ spoke with parent/guardian by phone Left voice message
Parent/guardian came to school School did home visit

Outcome of contact/Reasons parent provided for attendance issues (please provide **dates of attempted contacts** even when parent/guardian did not respond):

Date of contact: _____ spoke with parent/guardian by phone Left voice message
Parent/guardian came to school School did home visit

Outcome of contact/Reasons parent provided for attendance issues (please provide **dates of attempted contacts** even when parent/guardian did not respond):

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Parent/guardian came to school School did home visit

Outcome of contact/Reasons parent provided for attendance issues (please provide **dates of attempted contacts** even when parent/guardian did not respond):

3. At least 1 contact with **student** regarding why they are missing school including a discussion of how to address absences.

Date of contact: _____ At School At home

Outcome of contact/Reason student provided for attendance issues:

4. Initial Truancy Letter from County Attorney's Office: The School District will send a notice to the Benton County Attorney's Office (following five unexcused absences), and the County Attorney Office will send the Initial Truancy Letter to the family **(please attach copy of letter)**.

5. At least **seven full days unexcused absences from school**. (Please attach attendance printout with a key to codes used). **Reminder to adjust attendance printout records** (if previous absences have now changed to excused/unexcused). Dates of unexcused absences (must have at least seven):

Make verbal report to:

**Benton County Human Services
Child Protection: 320-968-5087**

In follow up to verbal submit completed form to: Benton County Human Services

**Attn: Child Protection
PO Box 740, Foley, MN 56329
or fax: 320-968-533**

