Lorain County Truancy Checklist

Please answer the following questions and provide any documentation you have relating to these questions. This information must be provided to APA Michaela Ferrara (email: michaela.ferrara@lcprosecutor.org) and Jen Ferrebee (email: jennifer.ferrebee@lcprosecutor.org) within 1 week of filing your complaint with the clerk of courts.

Juvenile Name:	Case Number:
Parent/Guardian Name:	Submitted By:
	Email:

, the child met the threshold for Habitual Truant due to one of the following:

 \square 30 or more consecutive hours of absences without a legitimate excuse

 \Box 42 or more hours of absences without legitimate excuse in one calendar month

 \Box 72 or more hours of absences without legitimate excuse in a school year

Is a copy of the student's attendance record included with this form? \Box Yes \Box No If no, please attach the attendance records.

Were 3 meaningful attempts made to contact the parent/guardian within 7 school days of reaching the threshold above? \Box Yes \Box No

Date:	Form of contact:
Date:	Form of contact:
Date:	Form of contact:

Absence Intervention Plan

On

Was a plan created? \Box Yes \Box No

If yes, on what day was it created?

Please explain what the plan was. Why was the child not attending school? How was that going to be addressed? You may write "see attached" if there is supportive documentation that sufficiently addresses all parts of this question.

Did the child and/or family participate in the plan? \Box Yes \Box No

Please explain:

Did the child's attendance improve after the plan was put in place? \Box Yes \Box No