



Office Truancy Referral Form
Department of Education
SY 2022-2023



TEACHER COMMUNICATION LOG

Student Name: _____ School: _____
Grade: _____ Reported by: _____ Date: _____

Attempts to Address Unexcused Absences

****Students with three (3) or more unexcused absences should be referred to the administrator in charge of attendance. Submit a referral for each new set of three (3) unexcused absences; to include ALL previous unexcused absences****

1st ATTEMPT Teacher/Staff/School Personnel Intervention **Comments:** Document all interventions that apply (Dates & Times, Details)

Student Counseled: Date: _____ Time: _____ am pm Sent Letter Home: Delivered by: _____ Date: _____ Referral to PFCOP Date: _____ Parent Contacted established: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Relationship: _____ Parent /Guardian Meeting: Date: _____ Time: _____ am pm Other: _____	
Teacher/Staff Signature: _____ Date: _____	

2nd ATTEMPT Teacher/Staff/School Personnel Intervention: **Comments:** Document all interventions that apply (Dates & Times, Details)

Student Counseled: Date: _____ Time: _____ am pm Sent Letter Home: Date: _____ Delivered by: _____ Date: _____ Referral to PFCOP Date: _____ Parent Contacted established: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Relationship: _____ Parent /Guardian Meeting: Date: _____ Time: _____ am pm Other: _____	
Teacher/Staff Signature: _____ Date: _____	

3rd ATTEMPT Teacher/Staff/School Personnel Intervention **Comments:** Document all interventions that apply (Dates & Times, Details)

Student Counseled: Date: _____ Time: _____ am pm Sent Letter Home: Date: _____ Delivered by: _____ Date: _____ Referral to PFCOP Date: _____ Parent Contacted established: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Relationship: _____ Parent /Guardian Meeting: Date: _____ Time: _____ am pm Other: _____	
Teacher/Staff Signature: _____ Date: _____	

INDICATE UNEXCUSED ABSENCES ONLY SY-2022-2023

August					September					October					November				
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
1	2	3	4	5				1	2	3	4	5	6	7		1	H	3	4
PD	PD	10	11	12	H	6	7	8	9	10	11	12	13	14	7	PD	9	10	H
15	16	17	18	19	12	13	14	15	16	17	18	19	20	EC	14	15	16	17	18
22	23	24	25	26	19	20	21	22	23	MC	25	HC	27	28	21	22	23	H	FMD
29	30	31			26	27	28	29	30	31					28	29	30		
December					January					February					March				
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
			1	2	H	PD	PD	5	6			1	2	3			1	2	3
5	6	7	H	9	9	10	11	12	EC	6	7	8	9	10	H	7	8	9	10
12	13	14	15	16	H	17	18	19	20	13	14	15	16	17	13	14	15	16	17
B	B	B	B	B	23	24	25	26	27	20	21	22	23	24	HC	21	MC	23	24
B	B	B	B	B						27	28				27	28	29	30	31
April					May					June					Total Unexcused Days				
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F					
B	B	B	B	B	1	2	3	4	5				1	2					
PD	11	12	13	14	8	9	10	11	12	5	6	7	8	9					
17	18	19	20	21	15	16	17	18	19	12	13	14	15	16					
24	25	26	27	28	PD	PD	PD	25	26	19	20	21	22	23					
					29	30	31			26	27	28	29	30					



Office Truancy Referral Form
ADMINISTRATIVE ACTION TAKEN
 School Year 2022-2023

Student Name: _____

Parent/Guardian: _____

Contact Information: Home Phone: _____ Work: _____ Cell(s): _____

Email address: _____

Home Address: _____

Physical Address Only - No Mailing Address

Place a check in the appropriate box	Power School Code	ADMINISTRATION USE ONLY: INTERVENTION ASSIGNED <ul style="list-style-type: none"> All Interventions Apply Reference District Data Dictionary Truancy Information Should be Indicated on Verification for Public Assistance 	Power School Code
<input type="checkbox"/> 3 -Unexcused Absences	ATT20	Establish Parent Contact: Date: _____ Time: _____ Conference with Student Referral to Social Worker (PFCOP) (as needed) Truancy Notice Acknowledged and Sent Home: Date: _____ Time: _____	OTR_20
<input type="checkbox"/> 6 - Unexcused Absences	ATT21	Mandatory Conference with Administrator and Parent Student Placed on School Attendance Contract Referral to Counselor Referral to Social Worker (PFCOP) (as needed) Truancy Notice Acknowledged and Sent Home: Date: _____ Time: _____	OTR_21
<input type="checkbox"/> 9 - Unexcused Absences	ATT22	Mandatory Conference with Administrator Parent and School Resource Officer: Truancy Notice signed by parent/guardian: Date: _____ Time: _____ Student Placed on School Attendance Contract Child Study Team Referral to School Psychologist (as required) Referral to Social Worker (PFCOP) (as required)	OTR_22
<input type="checkbox"/> 12 - Unexcused Absences	ATT23	Submit Student Attendance Referral Form (SARF) to School Resource Officer	OTR_23
<input type="checkbox"/> Beyond - 12 Unexcused Absences	ATT24	Written Statement from Teacher(s) and/or Administrator explaining failure to address Habitual Truancy status (on the back of this form). Submit Student Attendance Referral Form (SARF) to School Resource Officer	OTR_24

Title 17 GCA, Section 6402, Habitual truant, a pupil is habitual truant if the pupil has incurred twelve (12) or more absences in a school year, and is of compulsory age. If any pupil is a habitual truant, the principal of the pupil's school shall request the Superintendent to file a petition concerning such habitual truant in the Family Court of Guam. Failure of the parent to adhere to this law may result in a Persons in Need of Services (PINS) petition to the Family Court for Educational Neglect.

BEYOND 12 DAYS OF UNEXCUSED ABSENCES

The following statement is issued by the Administrator (Please explain in detail why the unexcused absences were not addressed prior to the 12 days)

OTRF inputted into PowerSchool Date: _____

 Administrator's Signature Date Student's Signature Date Parent's Signature Date