



JEFFERSON PARISH TASC
FAX: 504-826-9138 OFFICE: 570-6478

TRUANCY ASSESSMENT AND SERVICE CENTER REFERRAL FORM

Referral Date: _____

Name of Person Making Referral: _____ Referral Person's Position: _____

Referring School: _____ Primary Grounds of Complaint: _____

Contact Phone: _____ Secondary Grounds of Complaint: _____

Child's Information

Name: _____

DOB: _____ Gender(**circle**): M or F Race: _____

Caregiver's Name: _____ Relationship to Child: _____

Mailing Address: Street _____ Home Phone: _____

City _____ Alternate Phone: _____

Zip code _____ E-Mail Address: _____

School Information

Absences at Referral:
Current Grade: _____ Unexcused: _____ Excused: _____ Tardies: _____

Has the student ever failed a grade? (**circle**): Yes or No If yes, please **circle** each grade failed:
PK K 1 2 3 4 5 6 Unknown

Student in Special Education? (**circle**): Yes or No If Yes, which status? _____

Number of Suspension Days: _____ Language Translator Required: _____

Is this a Lice Case? (**circle**): Yes or No Does this child have a Chronic Disability Letter?
(**circle**): Yes or No

Does child have a chronic illness that contributes to his/her excessive absence?: (**circle**): Yes or No

Is Student Virtual _____ or In-Person _____? If Virtual, _____ days not logged in virtually.

FOR TASC USE ONLY

Date Complaint Received: _____ Date Level Changed: _____

Has this child or other family member ever had a history of attendance problems? (**circle**): Yes or No New Level Status: _____

Level Status: _____ Level Change Explanation: _____

Level Status Assigned by: _____