

# MONTGOMERY COUNTY OFFICE OF CHILDREN & YOUTH

## TRUANCY REFERRAL PROCESS

1. School district personnel will call the main number at the Office of Children and Youth (610-278-5800) to make a referral. The Screening Unit caseworker will take down the school district personnel's contact information and forward onto the Truancy Unit's in-day person for the following day.
2. The Truancy Unit caseworker will return the school district's phone call within the next business day of having received the referral from Screening. Upon discussion with the school personnel, the caseworker will determine if case is appropriate to be set-up for an assessment. The criteria for the case to be set-up is the following:
  - a. Child resides in Montgomery County and is under the age of seventeen (17);
  - b. Child has been truant for at least 10-15 days; and,
  - c. School district has sent letters to the parent / caregiver; developed and implemented a plan to address the truancy; and, has taken the child and parent / caregiver in front of the Magisterial District Judge and the truancy issue has continued, or the Magisterial District Judge has directed the school district to make a referral to the Office of Children and Youth during / following the last appearance.
3. If the above criteria **have not** been met, the Truancy Unit caseworker will explain what is needed prior to making a referral and provide any information that may be needed to assist the school district. The case will be filed as an I/R. if the above criteria **have** been met, the Truancy Unit caseworker will gather the necessary demographic information and provide the fax number or email address to the school personnel, in order for the plan, other school documents and truancy referral form to be sent to the Office of Children and Youth.
4. The caseworker will schedule a home visit within seven (7) days to meet with the family.
5. During the 60-day assessment, the caseworker will meet with the family multiple times; meet / talk with the school; and, talk with any other pertinent people involved with the case (family members, therapist, police, etc.). Family will be considered and, if appropriate, be referred for a Family Group Decision Making (FGDM) conference.
6. On or before the 60<sup>th</sup> day, the caseworker will make a determination as to whether or not the assessment needs to be open for ongoing services. If it is determined that it needs to be opened, the caseworker will develop a Family Service Plan, with the family, to address the concerns noted during the assessment.
7. In-home services will be utilized on a case-by-case basis.
8. During the time that the case is open, the caseworker will maintain regular contact with both the school and Magisterial District Judge (if involved) to discuss case progress.
9. Juvenile Court intervention will be utilized only after ongoing services have been provided and all other efforts to address any identified issue(s) have been exhausted.

# MONTGOMERY COUNTY OFFICE OF CHILDREN & YOUTH

## SCHOOL TRUANCY REFERRAL

### 1. School Information

School District:

School Name & Address:

School Official's Name, Title,  
Contact Information:

### 2. Student Information

Name:

Date of Birth:

Social Security Number:

Sex:

Male  Female

Address and Phone #:

Current Grade:

Is student in appropriate grade?  Yes  No

Years Lived in District:

Which grade(s) has student repeated?

### 3. Family Information

Person with Whom Student  
Resides:

Relationship:

Caregiver's Address and  
Telephone Number:

Alt. Phone #:

Mother's Name and Contact  
Info (if different):

Alt. Phone #:

Father's Name and Contact  
Info (if different):

Alt. Phone #:

Is Limited English

Primary

Proficiency a Barrier?

Yes  No

Language:

**4. Status in School**

**# of Days Absent this School Year:**

**Excused:** \_\_\_\_\_ **Unexcused:** \_\_\_\_\_

**Date of Conference with Student / Parent(s):**

\_\_\_\_\_

**District Court Judge:**

**Date:** \_\_\_\_\_

**Date of Last District Court**

**Outcome:** \_\_\_\_\_

**Hearing and Outcome:**

\_\_\_\_\_

\_\_\_\_\_

**Did Judge order OCY involvement?**  Yes  No

**Dates of any Upcoming Hearings:**

\_\_\_\_\_

**I.E.P.:**

Yes  No

Behavioral Support

Emotional Support

Yes  No

**Special Education:**

**Any Other School Problems?**

**(Behavior, Academic, etc.):**

\_\_\_\_\_

\_\_\_\_\_

**Any Known Medical Issues /**

**Physical Disabilities:**

**Any Known Mental Health**

**Diagnosis:**

**Is Student Parenting:**

Yes  No

**Is Student Involved in S.A.P.?**

**(describe involvement with**

**involved faculty members):**

\_\_\_\_\_

\_\_\_\_\_

**Is Student on Probation?**

Yes  No

**Name of P.O.:** \_\_\_\_\_

**\*Please attach a copy of T.E.P. (or other plan developed by the school, with the family, in an attempt to correct truancy related issues), up-to-date copy of student's attendance record, disciplinary record, academic progress report and any other relevant documents / information.**

**5. Additional Information:**

Please provide or attach a brief summary related to action that the school has taken to correct truancy, parents' response / level of cooperation and any other information that you might have regarding factors that may be contributing to the student's truancy.