



Miami-Dade County Public Schools Attendance Review Committee Referral

Date _____

Student Name		School Name			School Loc. No.	Region Center
Student I.D. No.	DOB	Age	Race	Gender	Date of ARC Meeting	
Parent(s) Name			Telephone: Daytime: Evening:			
Residential Address			ESE Code/s (if applicable)			
Parent(s) Email Address						
Involvement with FL. Department of Children & Families (DCF) Yes _____ No _____						
Involvement with FL. Department of Juvenile Justice (DJJ) Yes _____ No _____						
Current School Year Attendance Information						
No. of Days Present: _____	No. of Days Absent: _____	No. of Unexcused: _____	No. of Days Tardy: _____			
Current Issues/Academic Progress:						
Parent(s) Explanation for Non-Attendance:						
Prior School Year Attendance Information						
School Year: _____		No. of Absences: _____		No. of Unexcused: _____		
School Year: _____		No. of Absences: _____		No. of Unexcused: _____		
Prior Issues/Academic Progress:						

Parent(s) Explanation for Non-Attendance:			
Interventions/Referrals Provided by the School			
Date	Interventions/Referral	Name of Organization	Outcome
General Account of Student's Behavior:			
Parent Recommendations:			
Attendance Review Committee Recommendations: Please mark with an (x) as appropriate.			
<input type="checkbox"/>	Attendance Contract	<input type="checkbox"/>	Student Schedule Modification
<input type="checkbox"/>	Counseling	<input type="checkbox"/>	Mentoring
<input type="checkbox"/>	Psychological Evaluation	<input type="checkbox"/>	Alternative School Programs
<input type="checkbox"/>	Outside Social Service Agency	<input type="checkbox"/>	One Stop Center
<input type="checkbox"/>	Other		
<input type="checkbox"/>		<input type="checkbox"/>	Daily Progress Monitoring
<input type="checkbox"/>		<input type="checkbox"/>	Tutoring
<input type="checkbox"/>		<input type="checkbox"/>	Health Screening
<input type="checkbox"/>		<input type="checkbox"/>	Pathways
<input type="checkbox"/>		<input type="checkbox"/>	Weekly Progress Monitoring
<input type="checkbox"/>		<input type="checkbox"/>	Home Visit by Social Worker
<input type="checkbox"/>		<input type="checkbox"/>	The Parent Academy
<input type="checkbox"/>		<input type="checkbox"/>	Student Success Center
<p>Parents and students understand that accumulating fifteen (15) unexcused absences within a 90 day calendar period will result in a complaint of truancy filed by Florida's Department of Juvenile Justice through the Miami Bridge Youth and Family Services, Inc., or Center for Family and Child Enrichment Center, Inc. In addition, the Florida Department of Highway Safety and Motor Vehicles (DHSMV) will be notified of the students who have attained 14 years of age and have accumulated 15 unexcused absences within a 90 calendar day for suspension of driver license privileges.</p>			
Student Signature <i>* optional if present</i>		Date	ARC Member/Title
Parent Signature <i>* if present</i>		Date	ARC Member/Title
ARC Member/Title		Date	ARC Member/Title
<p><i>*If parent is not present, form must be signed by three members of the Attendance Review Committee.</i></p>			