



# Student Attendance Referral

STUDENT: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EFE PROGRAM: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_

HOME SCHOOL: \_\_\_\_\_

COUNSELOR: \_\_\_\_\_

\_\_\_ **5 absences/semester**  
Parent/Counselor notified

\_\_\_ **8 absences/semester**  
Management Plan Developed

\_\_\_ **10 absences/semester**  
Recommendation that student should not  
receive credit or enroll 2<sup>nd</sup> semester

\_\_\_ **3<sup>rd</sup> tardy/semester**  
Parent/Counselor notified

\_\_\_ **4<sup>th</sup> tardy/semester**  
Management Plan Developed

\_\_\_ **OTHER**

### Description of Attendance/Tardiness Problem:

(If sporadic, cite the pattern; if consecutive, state number of days and dates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Instructor's Section

I have: \_\_\_ addressed student \_\_\_ contacted parent/guardian \_\_\_ contacted counselor

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Student Management Plan:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Contact information: 269-250-9200, 1819 E. Milham Ave., Portage, MI 49002.

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date