

RICHLAND PARISH SCHOOL BOARD
CHILD WELFARE AND ATTENDANCE SECTION

REFERRED FOR ASSISTANCE:

PUPIL _____ DATE OF BIRTH _____ RACE _____ SEX _____

PARENT OR GUARDIAN _____ ADDRESS _____ PHONE _____

SCHOOL _____ GRADE _____

SUSPECTED CAUSE OF ABSENCES OR MALADJUSTMENT;

SCHOOL PHOBIA----- () OVER-PROTECTION----- () LACK OF PARENTAL CONTROL-()
ILLNESS OF PARENT----- () ILLNESS OF CHILD----- ()

HOME CONTACT MADE BY COORDINATOR OF ATTENDANCE: _____
DATE _____

NAME DATES OF ABSENCES:

	M					T					W					T					F					TOTAL DAYS OF ABSENCES
	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	
AUG.																										
SEPT.																										
OCT.																										
NOV.																										
DEC.																										
JAN.																										
FEB.																										
MAR.																										
APR.																										
MAY																										

COMMENTS: _____

TEACHER'S SIGNATURE _____ ADMINISTRATOR'S SIGNATURE _____
DATE _____

Prepare in duplicate. The original will be returned to the teacher and will be used to make all subsequent reports.