

DELAWARE DEPARTMENT OF EDUCATION
K – 5 Student Truancy Worksheet

District and School Name _____

Please circle "Yes, No, or NA" to reflect documentation of actions taken for each student listed below.

Student ID # or Name		10 UNEXCUSED ABSENCES (UA)						15 UNEXCUSED ABSENCES									30 UA		REFERRAL TO DFS			
		Parent/Guardian Notification		Visiting Teacher Notification		Visiting Teacher Home Visit		Certified Letter			Conference			Contract			Refer to Court		Following completion of prosecution and failure of student to return to school within five (5) days.			
		Yes	No	Yes	No	Yes	No	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	Yes	No	NA	
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