Truancy Meeting Form

Regarding (name of Juvenile):______________________________________________

Parent/Guardian Name: ___________________________________________________

Name of School Personnel Present:__________________________________________

On today’s date__________, a meeting was held between the juvenile, juvenile’s parent, guardian or other custodian and school officials or learning program personnel to discuss the juvenile’s educational problems and educational counseling and alternative agency help has been sought.

Juvenile Signature: ________________________ Date: ______________

Parent/Guardian Signature: ________________________ Date: ______________

School Personnel Signature: ________________________ Date: ______________

Services offered to the juvenile or juvenile’s family:

Referrals made for services to alternative agencies: