LOCAL TRUANCY REVIEW BOARD OUTCOME FORM

DID PARENT ATTEND: ☐ **YES** ☐ **NO**

DATE OF LOCAL TRUANCY REVIEW MEETING: _____

OUTCOME OF LOCAL TRUANCY REVIEW MEETING: _____

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REFERRALS *(if applicable)***:**

1._____

2._____

3._____

4._____

Parent's Signature: _____ Date: _____

School Personnel Signature: _____ Date: _____

Attendance Officer Signature: _____Date: _____