

LOCAL TRUANCY REVIEW BOARD OUTCOME FORM

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|------------------------|--|
| DATE OF LOCAL HEARING: | |
| SCHOOL/SCHOOL DISTRICT | |
| STUDENT'S NAME: | |
| PARENT(S) NAME: | |

DID THE PARENT(S) ATTEND THE HEARING? YES NO

OUTCOME OF HEARING

REFERRALS (if applicable):

- 1. _____
- 2. _____
- 3. _____

SIGNATURES

By signing below, I acknowledge that the above information represents actions about a local truancy review hearing scheduled by the school district for the above student.

Parent's Signature: _____ Date: _____

School Personnel Signature: _____ Date: _____

Attendance Officer Signature: _____ Date: _____