

LOCAL TRUANCY REVIEW BOARD OUTCOME FORM

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. _____
4. _____

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: _____