



## AITKIN COUNTY HEALTH & HUMAN SERVICES

204 First Street NW  
Aitkin, MN 56431

Phone: 800-328-3744/218-927-7200  
Fax: 218-927-7210

**COMPLETE THIS FORM FOR ALL REPORTS OF:**

**SCHOOL ATTENDANCE CONCERNS  
(ALL AGES)  
Per MN Statute 260E.291**

Please forward referrals to ACHHS via fax (218) 927-7210 or email  
[child.protection@co.aitkin.mn.us](mailto:child.protection@co.aitkin.mn.us)

*The distribution of this document will remain consistent with the Minnesota Juvenile Protection Rules, Minnesota Data Privacy Act, and Health Insurance Portability and Accountability Act.*

**STUDENT INFORMATION**

Student's Full Name (first, middle, last):

Student's Date of Birth:

Pronoun(s):

Address:

Known Native American Heritage?  Yes or  No

If yes, associated tribe(s):

Race:

Culture:

Ethnicity:

Parent/ Guardian Full Name(s) and Date of Birth:

Legal Custodian(s):

Address(es):

Phone number(s):

Living with:

Relationship to student:

School:

Grade:

Please note the date(s) of educational neglect/truancy in chronological order and whether the reasons for absences were excused or unexcused. Please attach copies of letters from parents, notes of phone conversations, medical notes, etc. related to absences.

A. When were the parents notified that this report was being filed? Please attach the letter that was sent.

B. Document any interventions and accommodations by the school, parent(s), and child prior to this report to identify and alleviate reasons for absences:

1. Verbal communication (please note the dates and general comments about phone conversations and/or parent visits and by whom):

2. Meetings with child, parents, home visits, transportation alternatives coordinated:

3. Letters (please attach notes and dates):

4. Describe how the child's absences have affected his/her academic performance:

5. Other (e.g. Is the child a victim of bullying, etc.):

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C. What other efforts have been made?

- Title I Services
- Peer Tutoring
- Educational Assessment
- Section 504 Plan
- Special Education Services
- Interagency Services
- School Social Worker Involvement (please attach plan/explanation of involvement)
- Other (please explain, or attach)

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D. What special needs does the child have (if any)? Please share any details, when possible.

1. Medical:

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2. Physical:

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3. Social (e.g. Is the child bullied?):

4. Other (please explain):

E. Please list any other agencies the child and/or parents have worked with (e.g. County Social Services, Tribal Social Services, Probation Department, Children's Mental Health Services, etc.):

**Attach the child's official attendance record, and please include any other information that may be appropriate.** Attach supplemental reports, discipline records, etc. that you feel may provide useful information. It is very helpful to the court hearing this matter to have a complete picture of the child's actions, needs, environment, and general functioning.

**REPORTER INFORMATION**

**THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Reporter's Name (please print):

Reporter's Signature:

Date:

Reporter's Phone Number(s):