

**Judicial Attendance Council  
Referral Form**

**Student Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Referral Date** \_\_\_\_\_ **Referred By** \_\_\_\_\_

**Number of contacts made by...**

**Teacher:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**School Counselor:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Number of Absences:** \_\_\_\_\_

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Sign/Date (Staff)

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**District Social Worker use only**

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**Date/Time of JAC Meeting:** \_\_\_\_\_