



## Office Truancy Referral Form

Guam Department of Education

SY2025 – 2026

### TEACHER COMMUNICATION LOG

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Reported by: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Students with three (3) or more unexcused absences should be referred to the administrator in charge of attendance. Submit a referral for each new set of three (3) unexcused absences; to include ALL previous unexcused absences\*\***

1 <sup>ST</sup> ATTEMPT Teacher/Staff/School Personnel Intervention										Comments: Document all interventions that apply (Dates & Times, Details)									
Student Counseled: Date: _____ Time: _____ am pm Sent Letter Home: Delivered by: _____ Date: _____ Referred to SCCE: Date: _____ Parent Contacted Established: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Relationship: _____ Parent/Guardian Meeting: Date: _____ Time: _____ am pm Other: _____																			
										Teacher/Staff Signature: _____ Date: _____									
2 <sup>ND</sup> ATTEMPT Teacher/Staff/School Personnel Intervention										Comments: Document all interventions that apply (Dates & Times, Details)									
Student Counseled: Date: _____ Time: _____ am pm Sent Letter Home: Delivered by: _____ Date: _____ Referred to SCCE: Date: _____ Parent Contacted Established: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Relationship: _____ Parent/Guardian Meeting: Date: _____ Time: _____ am pm Other: _____																			
										Teacher/Staff Signature: _____ Date: _____									
3 <sup>RD</sup> ATTEMPT Teacher/Staff/School Personnel Intervention										Comments: Document all interventions that apply (Dates & Times, Details)									
Student Counseled: Date: _____ Time: _____ am pm Sent Letter Home: Delivered by: _____ Date: _____ Referred to SCCE: Date: _____ Parent Contacted Established: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Relationship: _____ Parent/Guardian Meeting: Date: _____ Time: _____ am pm Other: _____																			
										Teacher/Staff Signature: _____ Date: _____									

### INDICATE UNEXCUSED ABSENCES ONLY SY 2025 - 2026

August					September					October					November					
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	
				1	H	2	3	4	5				1	2	3	H	PD	5	6	7
PD	PD	PD	7	8	8	9	10	11	12	6	7	8	9	10	10	H	12	13	14	
11	12	13	14	15	15	16	17	18	19	13	14	15	16	17	17	18	19	20	21	
18	19	20	21	22	22	23	24	25	26	20	21	EC	MC	HC	24	25	26	H	FMD	
25	26	27	28	29	29					27	28	29	30							
December					January					February					March					
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	
1	2	3	4	5				H	R	2	3	4	5	6	H	3	4	5	6	
H	9	10	11	12	PD	6	7	8	9	PD	10	11	12	13	9	10	11	12	13	
15	16	17	18	FMD	12	13	14	15	EC	16	17	18	19	20	16	17	18	19	MC	
R	R	R	R	R	H	20	21	22	23	23	24	25	26	27	HC	24	25	26	27	
R	R	R			26	27	28	29	30						R	R				
April					May					June					Total Unexcused Days					
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F						
		R	R	R					1						SUMMER RECESS					
PD	7	8	9	10	4	5	6	7	8											
13	14	15	16	17	11	12	13	14	15											
20	21	22	23	24	18	19	PD	21												
27	28	29	30		SUMMER RECESS															



Office Truancy Referral Form  
**ADMINISTRATIVE ACTION TAKEN**  
School Year 2025 - 2026

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

**Parent/Guardian Name:** \_\_\_\_\_

**Contact Information:** **Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

<b>Place a check in the appropriate box</b>		<b>Power School Code</b>	<b>ADMINISTRATION USE ONLY: INTERVENTION ASSIGNED</b> • All Interventions Apply • Reference District Data Dictionary • Truancy Information Should be Indicated on Verification for Public Assistance	<b>Power School Code</b>
	3 - Unexcused Absences	ATT20	Establish Parent Contact: Date: _____ Time: _____ Conference with Student: Date: _____ Time: _____ Referral to Social Worker (SCCE) (as needed): Date: _____ Truancy Notice Acknowledged and Sent Home: Date: _____ Time: _____	OTR_20
	6 - Unexcused Absences	ATT21	Mandatory Conference with Administrator and Parent: Date: _____ Time: _____ Student Placed on School Attendance Contract: Date: _____ Referral to Counselor: Date: _____ Referral to Social Worker (SCCE) (as needed): Date: _____ Truancy Notice Acknowledged and Sent Home: Date: _____ Time: _____	OTR_21
	9 - Unexcused Absences	ATT22	Mandatory Conference with Administrator Parent and School Attendance Officer: Date: _____ Time: _____ Truancy Notice Acknowledged and Sent Home: Date: _____ Time: _____ Student Placed on School Attendance Contract: Date: _____ Child Study Team: Date: _____ Referral to School Psychologist (as required): Date: _____ Referral to Social Worker (SCCE) (as required): Date: _____	OTR_22
	12 - Unexcused Absences	ATT23	<input type="checkbox"/> Submit Student Attendance Referral Form (SARF) to School Attendance Officer	OTR_23
	Beyond 12 - Unexcused Absences	ATT24	<input type="checkbox"/> Written Statement from Teacher(s) and/or Administrator explaining failure to address Habitual Truancy status (on the back of this form). <input type="checkbox"/> Submit Student Attendance Referral Form (SARF) to School Attendance Officer	OTR_24

**Title 17 GCA, Section 6402, Habitual truant, a pupil is habitual truant if the pupil has incurred twelve (12) or more absences in a school year, and is of compulsory age. If any pupil is a habitual truant, the principal of the pupil's school shall request the Superintendent to file a petition concerning such habitual truant in the Family Court of Guam. Failure of the parent to adhere to this law may result in Persons in Need of Services (PINS) petition to the Family Court for Educational Neglect.**

**BEYOND 12 DAYS OF UNEXCUSED ABSENCES**

The following statement is issued by the Administrator (Please explain in detail why the unexcused absences were not addressed prior to the 12 days)

OTRF inputted into PowerSchool

Date: \_\_\_\_\_

**Administrator's Signature**

**Date**

**Student's Signature**

**Date**

**Parent's Signature**

**Date**