



**AFFIDAVIT AND BEYOND CONTROL OF
 SCHOOL EVALUATION FORM**

CDW Referral No. _____
 Case No. _____
 Court [] Family [] District
 County _____

Demographic Information:

Name:	DOB:	Grade:	Race:	Gender:
School:	SSN:			
Mother:	Father:			
Other Legal Guardian(s):		Relationship:		
<input type="checkbox"/> 504 Plan <input type="checkbox"/> IEP (Last ARC Date: _____)				

Student resides with: (Please check all that apply)

<input type="checkbox"/> Both Parents Parent's Resident Address: Mailing Address(<i>if different than above</i>):		
Home Phone:	Cell Phone:	Work Phone:
<input type="checkbox"/> Mother Mother's Resident Address: Mailing Address(<i>if different than above</i>):		
Home Phone:	Cell Phone:	Work Phone:
<input type="checkbox"/> Father Father's Resident Address: Mailing Address(<i>if different than above</i>):		
Home Phone:	Cell Phone:	Work Phone:
<input type="checkbox"/> Other/Legal Guardian Other/Legal Guardian Resident Address: Mailing Address(<i>if different than above</i>):		
Home Phone:	Cell Phone:	Work Phone:

Truancy Information:

Total Absences:	Absences Unexcused:	Total Tardies:	Tardies Unexcused:
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School Issues: (Please check all that apply)

<input type="checkbox"/> Skipping School <input type="checkbox"/> Low Academic Performance <input type="checkbox"/> Suspected Drug Involvement <input type="checkbox"/> Poor Peer Relationships	<input type="checkbox"/> Skipping Classes <input type="checkbox"/> Suspensions (# of events _____) <input type="checkbox"/> Suspected Alcohol Use <input type="checkbox"/> Tobacco Use	<input type="checkbox"/> Behavior Issues <input type="checkbox"/> Suspected Gang Involvement <input type="checkbox"/> Bullying <input type="checkbox"/> Safety Concerns/Fighting
Describe School Concerns:		

Interventions By School:

<input type="checkbox"/> Phones Calls to Parent	<input type="checkbox"/> Referral to Youth Services Center (FRYSC)
<input type="checkbox"/> Letters Sent to Parent	<input type="checkbox"/> Referral to Guidance Counselor
<input type="checkbox"/> Parent Conference	<input type="checkbox"/> Referral to Social Services
<input type="checkbox"/> Student Conference	<input type="checkbox"/> Referral to Mental Health Services
<input type="checkbox"/> Home Visits	<input type="checkbox"/> Referral to Medical Services
<input type="checkbox"/> Other Interventions: _____ _____	

Recommended trauma-informed strategies: (Please list any indicated interventions)

What expectations do you have upon filing the complaint?

This form was:

Prepared by: _____
Name _____ Title _____
Phone No. and Email _____ Date _____

Affidavit

I, _____, the undersigned Affiant, state that I have read the foregoing and that the matters stated herein are true to the best of my information, knowledge, and belief.

Signature

Printed name

SWORN TO before me this _____ day of _____, 2____.

Name _____ Title _____

- List of Attachments:**
- Attendance Record of Unexcused Absences/Tardies
 - Discipline Report
 - Grade Report