



**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: |
|-----------------|---------------------|----------------|--------------------|

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: _____ _____ | |

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