Corona-Norco Unified School District **School Attendance Review Team (SART)** _____School	Date: _____

Student: (Last, First)	Telephone #	Grade/Teacher	Program Identification EL _____ Sp. Ed. _____	Student # On a Transfer Y or N

Parent/Guardian	Gender **M F**	DOB	Ethnicity	CELDT Level _____ Years at that CELDT level _____	Attendance for past year ____absences ___tardies SART or SARB?

Attendance and/or Behavior Concerns

☐ Full Day Absences #_____

☐ Tardies #_____

☐ Truancies #_____

☐ Early Dismissals #_____

☐ Class Periods missed#_____

☐ Behavior: (describe behavior concerns)

☐ ACP *(Alternative Class Placement)*

Education Code 48200. Students between the ages of 6 and 18 must attend school full-time, unless otherwise exempt.

Education Code 48263. If any minor pupil in any district is a habitual truant or is habitually insubordinate or disorderly during attendance at school, the pupil may be referred to SARB.

Chronically Absent: Absent from school for any reason (excused or unexcused) for 10% or more of the school days in one school year.

Severely Chronically Absent: Absent from school for any reason (excused or unexcused) for 20% or more of the school days in one year.

Academic Concerns

Check all that apply

☐ Phonological awareness

☐ Phonics

☐ Comprehension

☐ Fluency

☐ Vocabulary

☐ Writing

☐ Math

☐ Running Record Level:_____ ☐ Reading level: _____

☐ CAHSEE Math P: _____ NP: _____

ELA P: _____ NP: _____

☐ State/District Assessment Data:_____

☐ IDF (*In Danger of Failing*)

☐ Credit Deficient Earned: _____ Attempted: _____

☐ GPA _____

☐ Other: _____

SART Contract

☐ Attend school regularly and on time each day.

☐ Have no truancy or unexcused absences.

☐ Obtain a medical note when my child is absent for one day.

☐ Ensure my child's compliance with SART directives.

☐ Notify the principal when my child violates this agreement.

☐ Bring my child to school daily and on time.

☐ Talk with my child in positive terms about school.

☐ Attend parent conferences when requested.

☐ Make arrangements to have my child's school work picked up if absent.

Academic Contract

☐ After School Program (ASES) ☐ Academic Saturday School

☐ Tutoring ☐ SRA Number World

☐ Voyager Passport ☐ Read 180

☐ CAHSEE Mastery ☐ Other _____

☐ Supplemental Educational Services

☐ Ensure that my child completes homework and classwork daily.

☐ Ensure that my child attend interventions classes when provided.

☐ Ensure that my child comply with teacher directives and academic expectations.

It is with complete understanding that I sign this agreement, knowing that further violations of school rules and regulations will result in a referral to the School Attendance Review Board and/or District Attorney's Office. I agree to abide by the directions of the School Attendance Review Team as outlined above.

Parent's Signature:_____ Student's Signature:_____

Administrator's Signature:_____ SART Member's Signatures:_____

Comments