

School Attendance Review Board SARB Procedure CHECKLIST

STUDENT: _____ **SCHOOL:** _____

Completed by: _____ **Date:** _____

SCHOOL RESPONSIBILITIES

- 1. **1st Letter of Concern sent to Parent/s/Legal Guardian.**
Date Sent: _____ By: _____
- 2. **2nd Letter of Concern and setting of an Intervention - SST / SART / IEP / Parent Conference.**
(Should identify problem/s present: truancy/irregular attendances/tardies/behavior.)
Date Sent: _____ By: _____
- 3. **Intervention /Parent Conference held (MANADATORY REQUIREMENT)**
Date Held: _____ By: _____
- 4. **Referral Packet FAXED to SARB with completed Confidential Case Referral Form.**
Date Sent: _____ By: _____
- 5. **Referral Packet sent to Parent/s/Legal Guardian.**

Please FAX this checklist with the Referral Form and Packet when you process your request for a SARB hearing. Documentation to be FAXED: (1) Student Data Screen (2) Attendance Report, (3) Discipline Report, (4) Grades Report, (5) Transcripts from Secondary School, (6) Testing Scores, (7) Oral and written communications, (8) Class schedule. Documentation should be easily understood by non-school employees.

Date Sent: _____ By: _____

SARB RESPONSIBILITIES

- 1. **Set SARB hearing date. Contact school administrator.**
Date Called: _____ By: _____
- 2. **Letter with SARB appointment mailed. (One week before the scheduled hearing date.)**
Date Mailed: _____ By: _____
- 3. **Family Liaison contact made with family.**
Date Contacted: _____ By: _____
- 4. **SARB hearing held.** Date of Hearing: _____
Family members/parties attended: _____
- 5. **Follow Up SARB Hearing/s.** Date of Follow Up Hearing: _____
Family members/parties attended: _____
- 6. **Referral to DSS - CalWORKs with simultaneous filing with the District Attorney.**
Date of DSS notification: _____
- 7. **Referral to District Attorney** Date Filed: _____
Date of Court Hearing: _____

Western Slope SARB Confidential Fax: 530-295-1273