## **TREATY Program**A Program of Catholic Charities

61 West Street Ilion, New York 13357 

## **Attendance Intervention Referral Form**

Student's Name:		Grade:
Number of Absences:		DOB:
Contributing Factors: Problem Be		naviors:
Peers Family Medical Mental Health Substance Use: Self Family Housing Other:	Anxiety Aggression Withdrawn Disruptive Non-attentive  Non-Compliant Academic Concerns	
	Other:	
Parent(s) Name(s):		
Address:		
Phone:		
School District:		
Referred By:		
Signature	Date:	

Completed Forms Returned to:

Brittany Dorie-Ward, TREATY Coordinator

Email: <u>bward@ccherkimer.org</u>

Fax: 315-894-6313