# FORM 669: Summary of District Interventions and Student/Family Profile:

In and For [ ]  New Castle County [ ]  Kent County [ ]  Sussex County

*NOTE: This Form is for the Court’s use ONLY and is confidential unless otherwise noted by the Hearing Officer.*

|  |  |  |
| --- | --- | --- |
| 1. | [ ]  Yes [ ]  No[ ]  Did not attempt | The District notified the student and family at the beginning of the school year of the District’s attendance requirements, including procedures and penalties related to truancy (per [14 *Del. C.* § 2724](https://delcode.delaware.gov/title14/c027/sc02/index.html)). |
|  |  | How were the student and their family notified? |  |
|  |  |       |  |
|  |  | Where can the district definition of “valid excuse” be found? This should be as specific as possible. |
|  |  |       |
|  |  |       |
|  |  |  |
| 2. | [ ]  Yes [ ]  No[ ]  Did not attempt | Following the tenth day of unexcused absence by a student, the school immediately notified the parent(s) or guardian(s) and a Visiting Teacher attempted a home visit (per [14 *Del. C*. § 2702(d)(1)](https://delcode.delaware.gov/title14/c027/sc01/index.html)) |
|  |  | Dates of attempted home visit(s): |       |
|  |  |  |       |
|  |  | Was the Visiting Teacher successful in making contact with the parent during any home visit? | [ ]  Yes [ ]  No  |
|  |  | Date(s) of successful home visit(s): |       |
|  |  |  |       |
|  |  |  |  |
| 3. | [ ]  Yes [ ]  No[ ]  Did not attempt | Visiting Teacher or other school official(s) scheduled a meeting subsequent to sending the certified letter and met with student and parent about attendance problem, (per [14 *Del. C.* § 2702(d)(2)](https://delcode.delaware.gov/title14/c027/sc01/index.html) and [14 *Del. C*. § 2725 and § 2726](https://delcode.delaware.gov/title14/c027/sc02/index.html)). |
|  |  | Describe the outcome of this meeting (with supporting detail): |
| (Type Details Here)  |
|  |  | Date of the meeting(s)  |       |
|  |  | If a meeting did not occur, please explain why. |
| (Type Details Here) |
|  |  |  |
| 4. | [ ]  Yes [ ]  No/Refused[ ]  Did not attempt | Was a contract signed by each parent or guardian at a school meeting (per [14 *Del. C*. § 2702(f)](https://delcode.delaware.gov/title14/c027/sc01/index.html))?  |
| If so, date when signed: |       |
|  |  |  |  |
| 5. | [ ]  Yes [ ]  No[ ]  Did not attempt | If home visit and/or meeting were not successful, or did not occur, was the VT able to make contact with the parent in any other way; such as phone call, mail, email, etc.? |
| (Type Details Here) |
|  |  |  |
| 6. | [ ]  Yes [ ]  No[ ]  Did not address | The student currently has or previously had an Individualized Education Plan (IEP) or 504 Plan? |
| If student has or previously had an IEP or 504 Plan, what was the date of last |
| meeting: |       |
|  |  |  |  |
| 7. | [ ]  Yes [ ]  No[ ]  Did not attempt | The District referred the student for educational testing or special accommodations. If yes, what accommodations were implemented? |
| (Type Details Here) |
|  |  |  |
| 8. | [ ]  Yes [ ]  No[ ]  Did not attempt | The District or other school personnel referred the student to the Wellness Center or mental health provider. |
| (Type Details Here) |
|  |  |  |
| 9. | [ ]  Yes [ ]  No[ ]  Did not address | Has the school ever had any Protection from Abuse Orders on file regarding this student and/or family. The Visiting Teach does not need to ask this question of the family unless they choose to. This information would be found in the student’s file. |
| (Type Details Here) |
|  |  |  |
| 10. | [ ]  Yes [ ]  No[ ]  Did not address | Is the District aware of any transportation problems that are affecting the student’s attendance? If Yes, what are the challenges and how is the District addressing them? |
| (Type Details Here) |
|  |  |  |
| 11. | [ ]  Yes [ ]  No[ ]  Did not address | Are the student and family coping with homelessness/housing insecurity? If so, what are the challenges and how is the District currently working to address them? |
| (Type Details Here) |
|  |  |  |
| 12. | [ ]  Yes [ ]  No[ ]  Did not address | Is the District aware of any medical problems that are affecting student’s attendance? (You are NOT being asked to disclose any medical conditions, just if the District is aware of any.) If so, have any doctor’s notes been provided? [ ]  Yes [ ]  No |
|  |  |  |
| 13. | [ ]  Yes [ ]  No[ ]  Did not address | Is the District aware of the student and/or family having any active case(s) with any agency of the Children’s Department? If so, select all that apply.[ ]  Division of Youth Rehabilitation Services (DYRS)[ ]  Division of Prevention and Behavioral Health Services (DPBHS)[ ]  Division of Family Services (DFS) |
|  |  |  |
| 14. | [ ]  Yes [ ]  No[ ]  Did not address[ ]  Does not apply | If there is activity with the Children’s Department, is the District aware of any recommendations made by the department? If yes, please summarize any recommendations. |
| (Type Details Here)  |
|  |  |  |
| 15. | What are the student’s strengths? (If the visiting teacher does not have regular contact with the student, the visiting teacher may speak with the student’s primary teacher for help in this area). |
|  | (Type Details Here) |
|  |  |
| 16. | Is there any other pertinent information that the visiting teacher or District feels the Court should know? |
| (Type Details Here) |

|  |  |  |  |
| --- | --- | --- | --- |
| Affiant: |       |  |       |
|  | (Print Name) |  | (Signature) |
| Date: |       |  |
|  |  |  |

\*For any questions to which the affiant answered NO, you are acknowledging that you or another representative of the school district did specifically address the topic with the student/family, and to which you were specifically told that the matter was not a problem. Otherwise, please check did not address or attempt.