

Hancock County Truancy Preventative Care Evaluation

Date: _____

Student: _____ School: _____ Grade: _____

Program Start Date: _____

Past Absence History UA: _____ EA: _____ TD: _____

Current Absence History UA: _____ EA: _____ TD: _____

Current Academic Record

Subject: _____ Grade: _____ Subject: _____ Grade: _____

Subject: _____ Grade: _____ Subject: _____ Grade: _____

Subject: _____ Grade: _____ Subject: _____ Grade: _____

Subject: _____ Grade: _____ Subject: _____ Grade: _____

Services Provided

Truancy Preventative Care: _____

Counseling: _____

Other: _____

Other: _____

Recommendation(s): _____

Signatures
