



RESTORATIVE JUSTICE REFERRAL (Fax: 507-454-9391)

RJ #:

NOTES:

REFERRAL DATE:

REASON FOR REFERRAL: Truancy Intervention School Conference Both

STUDENT INFO: (Name, Age, Address, Phone #, Parent Name/Info)

ACADEMIC PROFILE:

Grade: Total # Unexcused:

Details on Attendance Issues:

Behavior Concerns:

KEY RELATIONSHIPS: (e.g. teachers, counselor, case manager, social worker, etc.)