

# KING COUNTY COMMUNITY ATTENDANCE SUPPORT TEAM (CAST) REFERRAL

Send completed referrals to [truancy@kingcounty.gov](mailto:truancy@kingcounty.gov)

(Admin use only) Referral number: \_\_\_\_\_

District Referral  Parent/guardian Referral

This youth is being referred to the County Community Attendance Support Team (CAST) after:

- Fifth unexcused absence in a month (RCW 28A.225.030)       20+ missed consecutive days  
 Referring party has been unable to establish communication       Parent is requesting support & intervention

Student Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Student's DOB: \_\_\_\_\_ Student's gender: \_\_\_\_\_ Pronoun: \_\_\_\_\_

Student's grade: \_\_\_\_\_ School: \_\_\_\_\_ District: \_\_\_\_\_

Student's Ethnicity:  African American/Black  Asian  Pacific Islander  Hispanic/Latinx

Mixed Race  Native American  White  Other  Unknown

Student's Legal Residence: \_\_\_\_\_

McKinney Vento?  Yes  No      Unaccompanied Minor?  Yes  No      Dependency?  Yes  No

Name of Parent(s)/Legal Guardian(s) \_\_\_\_\_

Address of Parent(s)/Legal Guardian(s) (if different from Student): \_\_\_\_\_

Parent(s)' / Legal Guardian contact number(s)/email: \_\_\_\_\_

Educational/Career Goals:  Diploma  GED  Employment  Tech/Trade School

Other: \_\_\_\_\_

Student's Strengths:

Student's interests:

Academics: Student  is meeting academic standards  is not meeting academic standards.

Absences are impacting academic progress

Existing IEP?  Yes  No      Existing 504?  Yes  No

Is the Student fluent in English?  Yes  No      Is the Parent/Guardian fluent in English?  Yes  No

Does Student receive ELL (English Language Learner) services?  Yes  No

Interpreter requested in \_\_\_\_\_ language for:  student  parent

**Student or family may benefit from:**

<input type="checkbox"/> Education Reengagement Workshop	<input type="checkbox"/> Reconnect to Opportunity/Educational & employment supports (16-24)
<input type="checkbox"/> UTB <input type="checkbox"/> Safe Futures	
<input type="checkbox"/> Mentor	<input type="checkbox"/> Youth Advocate
<input type="checkbox"/> Meeting with school counselor	<input type="checkbox"/> Assistance exploring substance use disorder supports
<input type="checkbox"/> Individualized academic supports	<input type="checkbox"/> Assistance exploring mental health supports
<input type="checkbox"/> Step Up (family conflict supports) 12+	<input type="checkbox"/> Mediation/ARY/CHINS
<input type="checkbox"/> Community Advocate	<input type="checkbox"/> Trauma therapy
<input type="checkbox"/> Parent support	<input type="checkbox"/> Housing supports
<input type="checkbox"/> School based behavioral supports	<input type="checkbox"/> Youth employment/internship opportunities
<input type="checkbox"/> Technology access or supports for remote learning	<input type="checkbox"/> Other:

Please note if youth or family is currently working with a community provider, community member, mentor, advocate, etc. (list name & contact information here):

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## DISTRICT USE ONLY:

### Attendance, Outreach & Supports Offered:

- Attendance is attached
- Absences verified/ attempted to be verified
- Referring school designee/ District Representative has personally reached out or attempted to reach out to the youth and/or family for engagement and offer support**
- Attempts made to communicate with parent in their preferred language.**
- Tiered response system implemented, and outreach attempted pursuant to WAC 392-401A-045.
- IEP or 504 team convened to consider the absences (if applicable).
- Functional Behavioral Assessment conducted, and a detailed behavior plan completed, and time was allowed for plan to be initiated and data tracked for progress (if applicable).

### If the Student does not have an IEP or 504:

Is it reasonably believed that the youth has a mental or physical disability or impairment, including suspected emotional or behavioral disabilities that are impacting attendance?  Yes  No

**If Yes-** Has the parent been informed of the right to obtain an assessment?  Yes  No

Was an evaluation for special education services completed?  Yes  No

Was a referral for special education services or 504 accommodations made?  Yes  No

- Informed the parent(s)/guardian in writing or by phone that the student has been absent without excuse in a language in which the parent is fluent (Required by RCW 28A.225.020).
- Held or scheduled a **conference** to discuss attendance with the student and parent(s)/guardian after a third absence without excuse (Required by RCW 28A.225.020).  Student and/or  Parent attended  IEP/504 Team
- If parent did not attend conference, parent was notified  by phone  in writing of the steps to be taken to address the causes of the student's absences.**

Student is subject to a Dependency per 13.34 RCW and a conference was held or attempted with the team

**Data informed steps were taken, attempted, or offered in order to eliminate or reduce further absences (including but not limited to) as required by RCW 28A.225.020:**

WARNS or Other Assessment was  Completed  Attempted  Declined (**required for secondary students**)

Assessment Recommendations Attached

- District Community Truancy Board  Adjusted schedule  Adjusted programming
- Transportation  Wake up calls  Tutoring  Home visit  Credit Retrieval
- Alternative Educational Options  Counseling  Attendance Agreement
- Community based referral for supplemental services  Multi-Disciplinary Team Meeting
- ELL Referral  Special School District Program  Provided individualized or remedial instruction
- Vocational courses or work experience  Other: \_\_\_\_\_

Unleash the Brilliance Education Reengagement Workshop  Offered  Attended

Safe Futures Latinx Education Reengagement Workshop  Offered  Attended

I certify that the above information was obtained from school records kept in the regular course of business, at or near the time of the event, is true and accurate, and that the school has complied with the statutory requirements of RCW 28A.225.020. I am referring this youth to a Community Attendance Support Team (CAST) as a pre-petition support because the actions taken by the school district thus far have not been successful in substantially reducing the student's unexcused absences from school, and the CAST intervention is necessary to assist the school district in reducing the student's absence from school. I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct to the best of my knowledge.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_, WA.

\_\_\_\_\_  
Print name of person filing this form

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Phone/Email