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Truancy Reporting Guide

Dona Ana County

Third Judicial District

2013

Our office seeks to combat absenteeism and truancy among our school aged youth who reside in Dona Ana County. In effort to ensure procedural consistency county wide, our office is requesting that the following procedures be followed. Documents for each section are attached for your convenience.

We have developed this procedure that will facilitate the enforcement of the Compulsory School Attendance Law. This will allow for our office to fulfill our commitment to holding parents accountable for failing to send their children to school.

Please refer to the attached documents in their sequential order when initiating the truancy report packet listed below.



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Truancy Reporting Checklist

(Each item on the checklist must be obtained and included in the packet).

Juvenile Class III: this form will identify the course of action to be taken by Juvenile Probation. Each Tier (I-II) is described below:

Tier I: will consist of students who need **immediate attention** from Truancy Parent Accountability

Tier II: will be those who meet the criteria for truancy, but would benefit from additional resources provided by the Juvenile Probation Department.

Please indicate on the **Class III** referral the **school personnel**:

School contact person (i.e. who knows first-hand accounts of the students absences from class, who spoke with the parents/guardians, and who was present for meetings)

Principal

District Administrator

Attendance Summary: This document needs to show all unexcused absences for the student. (i.e. example form attached)

Student Absence Intervention: notification letters mailed to the parent/guardian addressing the 5 and 10 days of absences by the student, It is required by state statute that there is an unexcused absence subsequent to tenth (10) unexcused absences and **only after the Acknowledgment of Enforcement form is signed by the parent/guardian.** Please provide copies of letters with packet.

10-Day Parent Notification of Habitual Truancy: Pursuant to state statute: the notice shall include the **date, time** and **place** for parent to meet with the school district to develop **intervention strategies** that focus on keeping the student in an educational setting. This document must have signatures of both parents/guardians (if possible). It is required by state statute that there is an unexcused absence subsequent to tenth (10) unexcused absences and **only** after the Acknowledgment of Enforcement form is signed by the parent/guardian.

Acknowledgment of Enforcement of Compulsory School Attendance Law: This document must be attached to the packet with the proper signatures from school personnel and parent/guardian.

The Student Attendance Intervention Plan: this document needs to be completed and submitted with the packet.

Parent Contact Information: this is important for school representatives to capture all the needed current information on this contact form, for it will facilitate future communication with the parent/guardian by Juvenile Probation and by the District Attorney's Office.

Las Cruces Public Schools Attention: Joseph Mestres: Gadsden Independent Schools: Bernice Holguin: Hatch Valley Public Schools: Tomas Lucero:

Questions-Call Dan Rosales at the Third Judicial District Attorneys' Office

JUVENILE CLASS III

TRUANCY/REFERRAL

Dona Ana County Public Schools

Last Name		First Name		Middle	sex	Race
Address:			City:		Home Phone:	
					Work Phone:	
Age:	D.O.B.:	P.O.B.:	SOC. #	Height:	Hair:	Eyes:
School:		Grade:	Scars, Marks, Tattoos:		State:	
Father:		Address:			Home Phone:	
Mother:		Address:			Home Phone:	
Legal Guardian:		Address:			Home Phone:	
Offence:					Case Number:	
Where Committed:						
Child's Attitude:		<input type="checkbox"/> Intoxicated <input type="checkbox"/> Loud <input type="checkbox"/> Good/Cooperative <input type="checkbox"/> Poor/Uncooperative <input type="checkbox"/> Other <input type="checkbox"/> Poor/Uncooperative <input type="checkbox"/> Violent				
Details of Offense:		<input type="checkbox"/> Tier I		<input type="checkbox"/> Tier II		
<p>Please provide any information you feel is pertinent to agencies that will work with family.</p> 						
School Contact Person:		School Address:			Date:	
_____		_____			_____	
Contact number:						

Principal:		School Address:			Date:	
_____		_____			_____	
Contact number:						

District Administrator:		Department Address:			Date:	
_____		_____			_____	
Contact number:						

Referral - School → School Administration → JPPO → District Attorney's Office → PPD → District Court						

Las Cruces Public Schools Attention: Joseph Mestres: Gadsden Independent Schools: Bernice Holguin: Hatch Valley Public Schools: Tomas Lucero:
 Questions-Call Dan Rosales at the Third Judicial District Attorneys' Office

School Attendance Summary

This document is school district specific.

It is required by state statute that there is an unexcused absence subsequent to tenth (10) unexcused absences and only after the Acknowledgment of Enforcement form is signed by the parent/guardian.



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**STUDENT ATTENDANCE INTERVENTION PLAN
10 DAY PARENT NOTIFICATION**

Date:

To: Parent/Guardian of:

Student's Address:

From: Principal/Asst. Principal:

School:

According to our records, your child has the following number of school absences and/or tardies:

Unexcused absences

Excused absences

Tardies (late to school or class)

Based on this information, it is required that you meet with school personnel to discuss these absences and to **develop an intervention plan which will assist your child at school.**

You have been scheduled to meet with the following individual:

Your appointment is scheduled for: **(date), (time) at the school.**

If you cannot attend at this time, please contact the school immediately to set another appointment.

Our telephone number is:

Thank you.



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**PLAN DE INTERVENCIÓN PARA LA ASISTENCIA DEL ESTUDIANTE
NOTIFICACIÓN PARA PADRES**

Fecha: [Click here to enter text.](#)

Para: Padre/Guardián de: [Click here to enter text.](#)

Dirección del estudiante: [Click here to enter text.](#)

Departamento de: Director/Subdirector: [Click here to enter text.](#) Escuela: [Click here to enter text.](#)

De acuerdo a nuestros registros, su hijo ha acumulado la siguiente cantidad de faltas y/o llegadas tarde:

[Click here to enter text.](#) Faltas injustificadas

[Click here to enter text.](#) Faltas justificadas

[Click here to enter text.](#) Llegadas tarde (a la escuela o a su clase)

En base a esta información, se requiere que se reúna con el personal escolar para considerar estas faltas y desarrollar un plan de intervención lo cual le ayudara a su hijo en sus clases.

Se le ha programado para reunirse con la siguiente persona: [Click here to enter text.](#)

Su cita está programada para: (fecha)[Click here to enter text.](#), (hora)[Click here to enter text.](#), en la escuela.

Si no le es posible asistir a esta hora, favor de contactar al personal escolar de inmediato para fijar otra cita. Nuestro número telefónico es: [Click here to enter text.](#)

Gracias.



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Acknowledgement of Enforcement of Compulsory Attendance Law

Written Notice of Habitual Truancy

[22-12-1 NMSA 1978]

I understand that the enforcement of the provision of the Compulsory School Attendance Law against me as a parent has been initiated.

As a parent, I have been made fully aware of the fact that I am the parent of a student subject to and in noncompliance with the provisions of the Compulsory School Attendance Law. I am here in an effort to seek intervention strategies that focus on keeping my child in an educational setting.

As a student, I understand that children's court may order my driving privileges to be suspended of a specific time not to exceed ninety days on the first finding of habitual truancy and not to exceed one year for a subsequent finding of habitual truancy.

As a parent, I understand that if violations of the Compulsory School Attendance Law continue after receiving written notice, I am subject to possible fines, community services and or imprisonment.

Parent name (print) _____ Date _____ Parent name (signature) _____

Parent name (print) _____ Date _____ Parent name (signature) _____

Student name (print) _____ Date _____ Student name (signature) _____

School Witness (print) _____ Date _____ School Witness (signature) _____



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STUDENT ABSENCE INTERVENTION PLAN

The purpose of the Student Absence Attendance Intervention Plan is to identify the reason(s) for a student's truancy, document the previous steps taken by the school to address the student's truancy problem, and develop the plans necessary to improve the student's future attendance.

Conference Date: Click here to enter a date.

Identification Information

Student's Name: Click here to enter text.

Date of Birth: Click here to enter text.

School: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text.

Zip: Click here to enter text.

Father's Name: Click here to enter text.

Mother's Name: Click here to enter text.

Legal Guardian Name: Click here to enter text.

Parent/Guardian Primary Language: English Spanish Other: Click here to enter text.

Student's Primary Language: English Spanish Other: Click here to enter text.

Home Phone: Click here to enter text.

Parent Cell Phone: Click here to enter text.

Parent Work Phone: Click here to enter text.

Emergency Phone: Click here to enter text.

e-Mail: Click here to enter text.

Student Attendance History*(days absent, past problems, previous schools, etc.)*

Click here to enter text.

New Mexico law requires schools to take measures to assist the student and family in resolving an attendance problem. Documentation of these interventions is necessary and should include dates as well as comments. The following school personnel were utilized in the intervention process:

Designated Intervention Team Leaders: Click here to enter text.

Social Worker: Click here to enter text.

Intervention Planning Participants: Click here to enter text.

Counselor: Click here to enter text

Other: Click here to enter text.

Parent/Guardian (1): Click here to enter text.

Psychologist: Click here to enter text.

Parent/Guardian (2): Click here to enter text.

Principal: Click here to enter text.

Teacher(s): Click here to enter text.

Assistant Principal: Click here to enter text.

Special Education Teacher: Click here to enter text.



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STUDENT ABSENCE INTERVENTION PLAN

1. What is the nature of the student's attendance problem? (check all that apply)

Transportation Issue

- Too far to go
- No money for transportation
- No reliable means of getting to school

Academic/School Issue

- Problems with teacher or other school personnel
- Poor academic performance
- School discipline
- Suspended from school

Social Issue

- Gender Intimidation
- Gang Activity
- Financial Issues
- Difficult peer relationships
- Bullying
- Personal Relationships

Safety Issue

- Surrounding neighborhood not safe
- School not safe
- Gangs
- School Problem

Home Issue

- Tending to younger siblings
- Parent/Guardian not well
- Physical/sexual abuse in the home

- Substance abuse in the home
- Homeless
- Neglect
- Student is also a parent
- Runaway

Health Issue

- Pregnancy
- Lacking medical care/immunizations

- Medical problems
- Substance abuse
- Disability
- Mental illness

- School refusal

Student Characteristics

- Low achievement
- Parenthood
- Drug/Alcohol problem

- Low Attendance
- Credit Deficiencies
- Health Related Issues
- High Failure Rate

Other (specify)

[Click here to enter text.](#)

- Discipline Referral
- Other:

Specify the details of the attendance problem(s) checked above and describe any applicable problems not listed above: [Click here to enter text.](#)

2. Collaborative recommendations of the student, parent/guardian, and school personnel to solve the attendance problem: [Click here to enter text.](#)

3. Referred to Social Service Agency (name): [Click here to enter text.](#)

- Student Counseling
- Parent Counseling
- Student Evaluation

- Parent Training
- Alternative Placement
- Medical Evaluation

Other: [Click here to enter text.](#)

4. Actions to be taken by the Parent/Guardian(s) to resolve the causes of the unlawful absences:

- The parent will make sure that the student is up and prepared for school each day.
- The parent will make sure that the student has transportation to and from school each day.
- The parent will send written and/or medical excuses when student is absent for a valid reason.
- The parent will notify the school by written note when the student is absent.
- Other: [Click here to enter text.](#)

5. Actions to be taken by the student to resolve the causes of the unlawful absences:

- The student will take the necessary steps to ensure that he/she is awake and ready for school.
- The student will attend school daily and be absent only for lawful reasons.
- The student will provide written and/or medical excuses for all lawful absences.
- The student has signed the attendance intervention plan.
- Other: [Click here to enter text.](#)

Actions to be taken by intervention team members:

- Develop an Attendance Intervention Plan.
- Monitor student's attendance at school.
- Review and update the Attendance Intervention Plan as appropriate.
- Refer the student to school administration for additional follow-up by the district attendance official.
- Other: [Click here to enter text.](#)

5. Actions to be taken in the event unlawful absences continue:

- School officials will review and update the Attendance Intervention Plan.
- School officials will contact the parent by letter, phone or e-mail to notify them of the continued absences.
- School officials will refer the student to the district attendance official for continued non-attendance.
- Student will be referred to the appropriate outside agency (JPPO/DA/CPS) for intervention.
- Other: [Click here to enter text.](#)

6. The next meeting to review the progress of attendance improvement recommendations will be held on: [Click here to enter a date.](#)

7. Weekly attendance will be monitored by: [Click here to enter text.](#)

8. Signatures:

Plan Approval Date: [Click here to enter a date.](#)

[Click here to enter text.](#)

Student's Signature

Date: [Click here to enter a date.](#)

[Click here to enter text.](#)

Parent/Guardian Signature

Date: [Click here to enter a date.](#)

[Click here to enter text.](#)

LCPS Attendance Official Signature

Date: [Click here to enter a date.](#)

[Click here to enter text.](#)

Parent/Guardian Signature

Date: [Click here to enter a date.](#)

Conference Contact Documentation

1st attempt to contract parent/guardian. **Successful?** **Yes** **No**

Date: [Click here to enter a date.](#)

Initials of Person Who Initiated Contacted: [Click here to enter text.](#)

Phone call

Certified Letter

In-Person

Letter

e-Mail

Other: [Click here to enter text.](#)

2nd attempt to contract parent/guardian. **Successful?** **Yes** **No**

Date: [Click here to enter a date.](#)

Initials of Person Who Initiated Contacted: [Click here to enter text.](#)

Phone call

Certified Letter

In-Person

Letter

e-Mail

Other: [Click here to enter text.](#)

3rd attempt to contract parent/guardian. **Successful?** **Yes** **No**

Date: [Click here to enter a date.](#)

Initials of Person Who Initiated Contacted: [Click here to enter text.](#)

Phone call

Certified Letter

In-Person

Letter

e-Mail

Other: [Click here to enter text.](#)

Parent attended Attendance Intervention Plan conference? **Yes** **No**

BASIC STUDENT DEMOGRAPHICS

Current School:

Pupil Number:

Gender:

Legal Last Name:

Legal First Name:

Usual Last Name:

Preferred First:

Legal Middle:

Third Initial:

Birth Date: Age:

SSN:

Ethnicity/Race

State/Ministry Number:

Proof of Age:

Home Phone:

Current Address:

Proof of Address:

Mailing Address:

PARENT INFORMATION
For Subpoena Purposes

Pupil Number:

Student's Legal Last Name:

Student's Legal First Name:

Gender:

Birth date:

Custody: Mother Father Legal Guardian

Living with:

Mother's Last Name (AKA):

Mother's First Name:

Address:

Home Phone #: Cell Phone #: Email:

Place of Employment: Work Phone #:

DL: Occupation:

Height: Weight: Language:

Copy of Identification if possible []

Father's Last Name (AKA):

Father's First Name:

Address:

Home Phone #: Cell Phone#:Email:

Place of Employment: Work Phone #:

DL: Occupation:

Height: Weight: Language:

Copy of Identification if possible []