

Truancy Activity

YOUTH DEMOGRAPHICS

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

ACTIVITY NARRATIVE

*Date: _____

Type of contact: _____

Face to Face

Phone

Email

Text

Letter

*Activity Update: _____

Monitoring/check-in

Incentive reward

Tutoring

Contact with parent/guardian

Contact with collateral
(therapist, etc)

Mediation

Meeting with tracker

Family Support

Team Meeting

Letter sent to youth/family

Unsuccessful contact

Other

Activity Update Narrative: _____