

AOC-JV-38.1 Doc. Code: ABCSE  
 Rev. 1-11 Juv Id: \_\_\_\_\_  
 Page 1 of 3  
 Commonwealth of Kentucky  
 Court of Justice www.courts.ky.gov  
 FCRPP 40



**AFFIDAVIT AND BEYOND CONTROL OF  
 SCHOOL EVALUATION FORM**

CDW Referral No. \_\_\_\_\_  
 Case No. \_\_\_\_\_  
 Court [ ] Family [ ] District  
 County \_\_\_\_\_

<b>Name:</b>		<b>DOB:</b>	<b>Grade:</b>	<b>Race/Sex:</b>
<b>School:</b>		<b>Student ID#</b>	<b>Program:</b>	
<b>Mother:</b>		<b>Custodial Parent/Guardian:</b>		
<b>Father:</b>				
<b>Student's Address:</b>		<b>Zip:</b>	<b>Resides With:</b>	<b>Relationship:</b>
<b>Home Phone:</b>		<b>Work Phone:</b>	<b>Referral Source:</b>	
<b>Cell Phone:</b>		<b>Absences Unexcused:</b>		<b>Tardy:</b>
<b>Accumulative Absences:</b>				
<b>Days Not Enrolled:</b>	<b>Suspensions:</b>	<b>Date of Referral:</b>		
		<b>Total Unexcused Absences: _____</b>		

**Schooled-Aged Siblings:**

Name	DOB	School/Grade	Sibling ID#	#Days Absent

- PLEASE ATTACH ATTENDANCE RECORD OF UNEXCUSED ABSENCES AND TARDIES
- ATTACH DISCIPLINE REPORT
- ATTACH GRADE REPORT

**FAMILY INFORMATION:**

Marital Status:
Employment:
Domestic violence:
Frequently displaced or homelessness:
Child & Family medical conditions or illness:
Other:

**SCHOOL ISSUES:**

Skipping school/cutting classes:
Referrals/discipline issues/suspensions: <i>(See Attached Behavior Report, if applicable)</i>
Academic performance: <i>(See Attached Grade Report)</i>
Lack of respect for authority:
Bullying/safety concerns:
Peer relationships:
Problem with notes:
Suspected gang involvement:
Suspected drug involvement:
Suspected alcohol use:
Other:

**AGENCIES INVOLVED:**

Mental Health Service Provider/Comp Care:
Child Protective Services:
Physician/Psychiatrist/Psychologist:
Counseling:
Family Intervention Services:
Other:

**INTERVENTIONS BY LOCAL SCHOOL:**

Phone calls: ( include dates)
Letters sent: ( include dates)
Parent conference: ( include dates)
Student conference: ( include dates)
Home visits: ( include dates)
Referral to Youth Services Coordinator/Family Resource Youth Services Coordinator:
Referral to other agency:
Interventions attempted:

Behavior Intervention Plan:
Were Special Education Services Offered? If so, was a manifestation hearing conducted with respect to violations? If so, attach a copy of the hearing outcome. Is there a 504 plan?  _____ _____ _____ _____

**ADDITIONAL PERTINENT INFORMATION FOR THE COURT**

_____ _____ _____ _____ _____
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What do you expect from the Court? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List of Attachments:**

- ARC Meeting Notes (if applicable)
- 504 plan (if applicable)
- Attendance Record of Unexcused Absences/Tardies
- Behavior Intervention Plan (if applicable)
- Manifestation Hearing (if applicable)
- Discipline Report
- Grade Report

**This form was:**

Prepared by: \_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Phone No. and Email

\_\_\_\_\_  
Date

**Affidavit**

I, \_\_\_\_\_, the undersigned Affiant, state that I have read the foregoing and that the matters stated herein are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

Address/Telephone of Affiant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Name \_\_\_\_\_ Title \_\_\_\_\_