

I-KAN Attendance Assistance Program (AAP)

Request For Assistance To Locate Student

Today's Date: _____ Student Name: _____

School: _____ Last Attendance Date: _____

Gender: _____ Ethnicity: _____ Date of Birth: _____ Grade: _____ SIS#: _____

Last Known Address: _____

Parent/Guardian Name: _____

School Attempts To Locate Student:

Phone Contact:

Phone call made to (name & relationship) _____

at phone number _____ on(date) _____ at (time) _____ AM/PM

Outcome: _____

Phone call made to (name & relationship) _____

at phone number _____ on(date) _____ at (time) _____ AM/PM

Outcome: _____

Home Visit:

Home visit made by (name of school staff) _____

Date: _____ Time: _____ AM/PM

Outcome: _____

Notes: _____

Date Received By I-KAN ROE : _____ Caseworker Assigned: _____

ROE Attempts To Locate Student:

Phone Call Date & Time: _____ Outcome: _____

Home Visit Date & Time: _____ Outcome: _____

Attempt Address Verification Through DHS Date: _____ Outcome: _____

Findings: _____

Caseworker Signature: _____ Date: _____

PLEASE SUBMIT TO I-KAN ROE VIA FAX 815.937.2921 Attn: Michelle Fitts