



DEPARTMENT OF EDUCATION
FINS REFERRAL CHECKLIST

Complete and return to:
Natchitoches Parish Sheriff's Office
726 Third Street
Natchitoches, LA 71457
(318) 238-7550 (O)/(318) 238-7554 (Fax)

A FINS REFERRAL MAY BE FILLED OUT ONLY AFTER THE SCHOOL HAS EXHAUSTED ALL IN-HOUSE ATTEMPTS TO RECTIFY THE PROBLEM

Date _____

Student's Name: _____ DOB: _____

Sex: Male/Female Hispanic/Latino Ethnicity? Yes No

Race: Caucasian African American Native American Asian Other: _____

School: _____ How Long: _____ Grade: _____

Special Education? Yes No Classification _____ Date of most recent IEP: _____

Parent/Guardian _____ Relationship: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Mailing Address _____

Student's Physical Address _____

Name of Person Making Referral: _____ Title: _____

School Address: _____ Phone: _____

TYPE OF REFERRAL

THE ABOVE FAMILY IS A FAMILY IN NEED OF SERVICES BECAUSE IT INCLUDES A STUDENT WHO IS (PLACE AN "X" IN THE APPROPRIATE BOX): NOTE: Appropriate documentation demonstrating a course of conduct by the child and/or family must accompany this form (e.g., evidence of interventions and outcome data).

- HABITUALLY TRUANT
- VIOLATES SCHOOL RULES
- PARENT OR GUARDIAN FAILED TO ATTEND SCHOOL MEETINGS

ATTENDANCE

LIST SPECIFIC DATES OF UNEXCUSED ABSENCES IN THE SPACE BELOW. DO NOT JUST REFERENCE THE INCLUDED ATTENDANCE REPORT IN THIS SECTION. (List any efforts made by school to improve attendance as well as the results of those efforts).

BEHAVIOR

IF THIS REFERRAL IS BASED ON STUDENT'S IN-SCHOOL CONDUCT RATHER THAN TRUANCY, PROVIDE DOCUMENTATION THAT THE STUDENT HAS WILLFULLY AND REPEATEDLY VIOLATED SCHOOL RULES AND REGULATIONS. THERE MUST BE A PATTERN OF DEFIANCE OVER TIME. A SINGLE INCIDENT IS NOT SUFFICIENT TO ESTABLISH THAT A STUDENT HABITUALLY VIOLATES SCHOOL RULES. (List all dates and provide a description of the behavior including steps that have been taken to remedy the issue(s) such as PBIS and/or other interventions and the results of those steps).

PARENT FAILURE TO ATTEND SCHOOL MEETINGS

PARENT OR GUARDIAN HAS WILLFULLY FAILED TO ATTEND A MEETING WITH THEIR CHILD'S TEACHER, PRINCIPAL, OR OTHER APPROPRIATE SCHOOL EMPLOYEE TO DISCUSS THEIR CHILD'S TRUANCY, REPEATED VIOLATION OF SCHOOL RULES, OR OTHER SERIOUS EDUCATIONAL PROBLEM. (List dates of all meetings the parent or guardian has failed to attend and include all steps that have been taken to remedy the issue(s) as well as the results of those steps).

DEPARTMENT OF EDUCATION
FINS REFERRAL CHECKLIST

ACTIONS TAKEN BY THE SCHOOL

Number of In-School Suspensions Program (ISSP) Placements during the Current School Year: _____

Number of Out-of-School Suspensions during the Current School Year: _____

The student has been expelled: Yes or No

Reason(s) for Expulsion: _____

IN-HOUSE MEASURES TAKEN BY THE SCHOOL TO RECTIFY THE PROBLEM: (at least 3 of the following boxes must be checked; items with asterisk are required)

* Called and talked with guardian (Date: ___/___/___)

* Referred for intervention to: (Check all that apply)

___ School Counselor (Name: _____) ___ School Psychologist (Name: _____)

___ Behavior Specialist (Name: _____) ___ School Social Worker (Name: _____)

___ Other School-Based Mental Health/Behavior Support Personnel (Title & Name: _____)

- | | |
|--|--|
| <input type="checkbox"/> Administrator(s) talked with student (Date: ___/___/___) | <input type="checkbox"/> Referred to SPED Evaluation (Date: ___/___/___) |
| <input type="checkbox"/> Sent letter (Date: ___/___/___) | <input type="checkbox"/> Referred to School Nurse/School-Based Health Clinic |
| <input type="checkbox"/> Home Visit (Date: ___/___/___) | <input type="checkbox"/> Referred to outside community/private agency |
| <input type="checkbox"/> Had meeting with guardian (Date: ___/___/___) | <input type="checkbox"/> Referred to _____ (Date: ___/___/___) |
| <input type="checkbox"/> Student talked to SRO (Date: ___/___/___) | <input type="checkbox"/> Referred for Section 504 Eval (Date: ___/___/___) |
| <input type="checkbox"/> Child Welfare Attendance Office (Date: ___/___/___) | |
| <input type="checkbox"/> Student is receiving targeted group/individual intervention (e.g., in Tier II or III of PBIS) | |

Guardian must be notified of intent to file FINS referral prior to filing the referral.

Name of Guardian: _____ Date of Notification: _____

No FINS referral will be accepted without documentation establishing a course of conduct. Please check off those items which are included or will be sent.

- All special education evaluations on file (parental consent is required - IDEA§300.622(a))
- All IEPs regardless of classification (parental consent is required – IDEA§300.622(a))
- Behavioral records, including incident reports, suspensions, and referrals
- Attendance records as far back as possible
- Elementary school records
- Report cards
- Health records (including reports from outside agencies)
- Collateral involvement (documentation provided by others)
- All supporting documentation for each measure attempting, including documentation outlining number of times each measure has been attempted

Parents are to be notified **prior** to filing the referral. The school is responsible for obtaining release of information forms. IF records are incomplete, please include an explanation of why this is the case.

SIGNED (Principal of School, Only)

PRINT OR TYPE NAME OF PERSON SIGNING

DATE SIGNED

DEPARTMENT OF EDUCATION
FINS REFERRAL CHECKLIST

ADDITIONAL INFORMATION REQUIRED FOR FINS

Student's Social Security Number: _____ / _____ / _____ Student ID# _____

Alias: _____

Parent's E-mail Address: _____

Has this student failed past grade(s)? Yes No If yes, what grade(s)? _____

Known school-aged siblings:

Does the student have a history of illness? Yes No If yes, type of illness _____

Has the student's address and contact phone numbers been verified? Yes No

Did the parent, guardian, or tutor sign that they had received and read the school handbook? Yes No

Is there a history of lice? Yes No Were instructions given on treatment? Yes No

Dates sent home _____

Signature of Person Filling Out Report Type or Print Name Date Completed

****PLEASE DO NOT WRITE BELOW THIS LINE. FOR FINS PROGRAM PERSONNEL ONLY****

Date Referral Received: _____ Date Referral Screened: _____

Referral Processed By: _____ Action Taken: _____

Risk Indicator Survey I

Compiled by: _____ School Staff _____ FINS _____ Truancy Center

Defiant

- _____ Argues with authority figures
- _____ Uses obscene language or gestures
- _____ Other _____

Aggressive

- _____ Bullies/threatens/intimidates others
- _____ Hits/Bites peers or teachers
- _____ Breaks or throws objects
- _____ Other _____

Parental Attitudes

- _____ Minimizes the child's problems
- _____ Blames others for child's behavior/performance
- _____ Unresponsive to attempts to make contact
- _____ Other _____

Emotional Response

- _____ Inappropriate response to correction
- _____ Lack of empathy
- _____ Flat affect – just stares
- _____ Does not express joy
- _____ Other _____

Risk-Taking Behaviors

- _____ Harms self intentionally
- _____ Sexual acting out
- _____ Suspected substance abuse/experimentation
- _____ Risky physical behaviors
- _____ Steals
- _____ Other _____

Developmental Issues

- _____ Sucks thumb
- _____ Enuresis
- _____ Sleeps at inappropriate times
- _____ Eating problems
- _____ Speech/language/hearing problems
- _____ Other _____

Manipulative

- _____ Sneaky
- _____ Distorts truth
- _____ Blames others for mistakes
- _____ Other _____

Isolated

- _____ Ignored by peers
- _____ Rejected by peers
- _____ Withdrawn
- _____ Other _____

Attention Seeker

- _____ Wants teacher's undivided attention
- _____ Causes class disruptions
- _____ Talks at inappropriate times
- _____ Other _____

Unmotivated

- _____ No desire to learn
- _____ Not prepared daily
- _____ Frequently has no homework
- _____ Exhibits little curiosity
- _____ Other _____

Unstable Home Life

- _____ Poor hygiene
- _____ Regularly complains of hunger
- _____ Inappropriate clothing for weather
- _____ Suspected substance abuse by adult in home
- _____ Chronic illness/lack of medical care
- _____ Lack of school supplies
- _____ Other _____

Hyperactivity

- _____ Can't sit still
- _____ Short attention span for age/grade

Comments: _____

