

DEPARTMENT OF EDUCATION
FINS REFERRAL CHECKLIST
FAMILIES IN NEED OF SERVICES (FINS) REFERRAL CHECKLIST

The FINS referral checklist is designed to eliminate excessive and inappropriate referrals to the Families In Need of Services (FINS) program. School officials should exhaust all available and appropriate in house resources prior to referring a student to FINS. This checklist must be completed by school personnel prior to referring a child to FINS and only after exhausting all available and appropriate in house attempts to rectify the problem.

DEMOGRAPHICS

Please include all current demographic information.

All completed IEP's should be forwarded to the FINS office.

NOTE: It is the responsibility of the referring party to obtain all appropriate releases, including a FERPA release of information as well as provide the required supporting documentation.

Type of Referral

Schools may only refer a student to FINS if the student is habitually truant (a student is considered habitually truant after the fifth unexcused absence or fifth unexcused occurrence of being tardy within any school semester), willfully and repeatedly violates school rules, or has a parent or guardian that has failed to attend school meetings.

Attendance: List specific dates of unexcused absences.

Behavior: Provide documentation that the student has willfully and repeatedly violated school rules and regulations.

Additionally, please include what interventions have been put in place by the school and documentation of the student's results of these interventions. Data which documents the student's behavior in comparison to peers should be included (e.g. information from PBIS, office discipline referrals, etc.)

Parent Failure to Attend School Meetings: List specific dates of meetings that the parents have failed to attend to discuss their child's truancy, repeated violation of school rules, or other serious educational problems of their child.

Note: The narrative portion for this type of referral should also include what efforts have been made to improve the problem as well as the results of each effort.

Actions Taken by the School

Please list the number of In/Out of School Suspensions during the current school year

Please list if the student has been expelled and the reason for expulsion.

In house measures taken by the school

Please check the box corresponding to each in-house measure taken by the school prior to making a FINS referral. At least three boxes must be checked. One box must indicate that the person making the referral has talked to the parent or guardian either by phone or in person about the student's behavior. A second box must indicate that the student has been referred to the school counselor, or other school based mental health or behavioral support personnel.

Note: The parent or guardian must be notified that a FINS referral will be filed prior to making the referral. Notification of an impending referral does not constitute as a measure taken by the school to rectify the problem, as a referral may only be made after all available and appropriate measures have been taken.

All available documentation supporting a course of conduct by the student must accompany the referral. It is the responsibility of the school to obtain necessary release of information and provide all required documentation to the FINS office.

The school principal's signature is required for all referrals to FINS

DEPARTMENT OF EDUCATION
FINS REFERRAL CHECKLIST

A FINS REFERRAL MAY BE FILED 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(ES)): 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 attendances 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: _____)

Administrator/s talked with student (Date: ___/___/___) Referred to Sp. Ed Evaluation (Date: ___/___/___)

Sent letter (Date: ___/___/___)

Referred to School Nurse or School-Based Health Clinic

Home Visit (Date: ___/___/___)

Referred to outside community/private agency

Had meeting with guardian (Date: ___/___/___)

Referred to _____ (Date: ___/___/___)

Student talked to SRO (Date: ___/___/___)

Referred for Section 504 Evaluation (Date: ___/___/___)

Child Welfare Attendance Office (Date: ___/___/___)

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 IEP's 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 available

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? 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 phones 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 Person Filling out Report

Type or Print Name

Date Completed

Child's Name: _____ Completed By: _____
Date: _____ Position: _____

Risk Indicator Survey I

Defiant

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

Manipulative

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

Aggressive

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

Isolated

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

Parental Attitudes

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

Attention Seeker

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

Emotional Response

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

Unmotivated

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

Risk Taking Behaviors

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

Developmental Issues

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

Hyperactivity

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

Comments: _____

