

DEPARTMENT OF EDUCATION REFERRAL



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

Date of Referral _____

Student's Name: _____ Social Security Number _____

DOB: _____ Place of Birth: _____ Sex: Male/Female

Race: Caucasian African American Native American Asian Other: _____

Mailing Address _____

Physical Address _____

School: _____

Grade: _____ Previous Grade Failures: K 1 2 3 4 5 6 7 8 Special Education? Yes No

Parents/Guardians: _____ Sex: Male/Female Age: _____

Student lives with: _____

Relationship to student: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Mailing Address _____

Name, age, and sex of any other family members living within the child's home:

Name of Person Making Referral: _____ Title: _____

TYPE OF REFERRAL

THE ABOVE FAMILY IS A FAMILY IN NEED OF SERVICES BECAUSE:

- THE CHILD IS HABITUALLY TRUANT
THE CHILD WILLFULLY AND REPEATEDLY VIOLATES SCHOOL RULES*
THE PARENT OR GUARDIAN FAILS TO ATTEND SCHOOL MEETINGS

*DOCUMENTATION MUST BE PROVIDED THAT DEMONSTRATES WILLFUL AND REPEATED VIOLATION OF SCHOOL RULES AND REGULATIONS OVER TIME. A SINGLE INCIDENT IS NOT SUFFICIENT TO ESTABLISH THAT A STUDENT HABITUALLY VIOLATES SCHOOL RULES.

CURRENT SUPERVISION

IF THE STUDENT IS CURRENTLY UNDER THE SUPERVISION OF ANY STATE OR LOCAL ENTITY, PLEASE INDICATE:

- DEPARTMENT OF CHILDREN AND FAMILY SERVICES
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
YOUTH SERVICES
OFFICE OF JUVENILE JUSTICE
OTHER _____

DEPARTMENT OF EDUCATION
FINS REFERRAL CHECKLIST

ACTIONS TAKEN BY THE SCHOOL

NOTE: The following measures are **REQUIRED** of the school prior to referral:

- HELD MEETING WITH CHILD Date ___/___/___
 - HELD MEETING WITH CHILD'S PARENT OR CARETAKER Date ___/___/___
 - REFERRED CHILD TO SCHOOL BEHAVIOR SUPPORT PERSONNEL Date ___/___/___
 - OTHER MEASURES TAKEN (specify) Date ___/___/___
- _____ Date ___/___/___
- _____ Date ___/___/___
- _____ Date ___/___/___

SERVICE PROVIDER(S)

PLEASE PROVIDE THE NAME OF ANY PUBLIC INSTITUTION OR AGENCY HAVING THE RESPONSIBILITY OR ABILITY TO SUPPLY SERVICES ALLEGED TO BE NEEDED BY THIS FAMILY:

Signature of Person Completing Referral Print Name Date

Signature of Principal Print Name Date

******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

Completed by: _____ School Staff

_____ FINS

_____ Truancy Center

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 objects
- _____ Other _____

Isolated

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

Parental Attitudes

- _____ Minimizes the 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 abuse/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

- _____ Cannot sit still
- _____ Short attention span for age/grade

Comments: _____
