

JEFFERSON COUNTY DEPARTMENT OF SOCIAL SERVICES

School District Referral For PINS Diversion Services

PLEASE COMPLETE ALL SECTIONS AS INDICATED

Please Fax to **(315)785-3109** or email to Erica.Whitmore@dfa.state.ny.us

Attn: Erica Whitmore, Supervisor

(315)785-3337

Student's Name: _____
(Last Name) (First Name) (M.I.)

Address: _____

Birth Date: _____ Male: ☐ Female: ☐ Current Grade: _____

| | |
|-------------------------------------|-------------------------------------|
| Father's Name & Address: | Father's Telephone Number(s) |
| | Home: |
| | Work: |
| | Cell |
| | |
| Mother's Name & Address: | Mother's Telephone Number(s) |
| | Home: |
| | Work: |
| | Cell |
| | |

Child's household includes:

| | |
|-------------|--|
| Mother: | |
| Father: | |
| Stepmother: | |
| Stepfather: | |

Other/Siblings (*Please List and designate relationship*):

| NAME | RELATIONSHIP |
|------|--------------|
| | |
| | |
| | |
| | |
| | |

Has child been referred to the School Psychologist? Yes ☐ No ☐ If yes, give date: _____

Any other service providers involved? (School and community) Yes ☐ No ☐ If yes, please list:

Is child receiving special education services? Yes ☐ No ☐

If yes, please provide classification: _____

Date of last evaluation of program prior to child's referral: _____

REASON FOR PINS REFERRAL

Please explain concerns in detail that the child is exhibiting:

Please explain how the district feels that the PINS diversion program can assist the school to resolve this matter. What is the district specifically asking for?

What strategies have been implemented in the past to resolve this problem? Please attach all supporting documentation. Please indicate why you feel they have not been successful.

Is the parent / guardian aware the referral is being made?

REPORT ON PARENT CONFERENCES

| Date(s) | In Attendance | Outcomes/Actions Taken |
|---------|---------------|------------------------|
| | | |
| | | |
| | | |

REPORT ON HOME VISITS

| Date(s) | In Attendance | Outcomes/Actions Taken |
|---------|---------------|------------------------|
| | | |
| | | |
| | | |

REFERRALS FOR SCHOOL-BASED PROGRAMS

| Date(s) | In Attendance | Outcomes/Actions Taken |
|---------|---------------|------------------------|
| | | |
| | | |
| | | |

What strategies have been implemented by the school to resolve this problem? Please attach all supporting documentation. Please indicate why you feel they have not been successful.

Is attendance record attached? Yes ☐ No ☐

Is discipline record attached? Yes ☐ No ☐

Is copy of report card attached? Yes ☐ No ☐

Comments:

School District: _____

School: _____

Address: _____

District Contact Person: _____ Telephone: _____

Signature: _____ Date: _____