

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