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 **steve.barker@dfa.state.ny.us**Attn: Steven E. Barker, Supervisor

(315)785-3337

Student's Name:					
-	(Last Name)		(First Name	e)	(M.I.)
Address:					
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Birth Date:		_ Male:	Currer	nt Grade:	
Father's Name & A	Nddrocc:		Homo/Mor	k/Cell Phone(s):	
rather 5 Name & F	Address.		nome/ wor	k/Celi Phone(s):	
Mother's Name and Address:		Home/Work/Cell Phone(s):			
Child's household ir	ncludes:				
Mother					
Father					
Stepfather					
	ease List and des	signate relationship:			
<u>Name</u>			<u> </u>	<u>Relationship</u>	
					

Has child been referred to the School Psychologist? Yes No No If yes, give date:							
Any other service providers involved? (School and community) Yes $oxed{igwedge}$ No $oxed{igwedge}$ 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 how the district feels that the PINS diversion program can assist the school to resolve this matter? What is the district asking specifically asking for:							
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 supporting documentation. Please indicate why you feel they have not been successful.

Is attendance record attached? Is copy of report card attached?	Yes No No Yes No	Is discipline record attached	d? Yes No
Comments:			
School District:			
School:			
Address:			
District Contact Person:		Telephone:	
Signature:		Date:	