

## 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: \_\_\_/\_\_\_/\_\_\_)
- Sent letter (Date: \_\_\_/\_\_\_/\_\_\_)
- Home Visit (Date: \_\_\_/\_\_\_/\_\_\_)
- Had meeting with guardian (Date: \_\_\_/\_\_\_/\_\_\_)
- Student talked to SRO (Date: \_\_\_/\_\_\_/\_\_\_)
- Child Welfare Attendance Office (Date: \_\_\_/\_\_\_/\_\_\_)
- Student is receiving targeted group/individual intervention (e.g. in Tier II or III of PBIS)
- Referred to Sp. Ed Evaluation (Date: \_\_\_/\_\_\_/\_\_\_)
- Referred to School Nurse or School-Based Health Clinic
- Referred to outside community/private agency
- Referred to \_\_\_\_\_ (Date: \_\_\_/\_\_\_/\_\_\_)
- Referred for Section 504 Evaluation (Date: \_\_\_/\_\_\_/\_\_\_)

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

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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

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**Risk Indicator Survey I**

Date \_\_\_\_\_

Compiled by: \_\_\_\_\_ School staff

\_\_\_\_\_ FINS

\_\_\_\_\_ TASC

\_\_\_\_\_ OTHER

**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

**Comments:** \_\_\_\_\_

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