

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  
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 STAFF 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 \_\_\_\_\_

**Aggressive**

- \_\_\_\_\_ Bullies/threatens/intimidates others
- \_\_\_\_\_ Hits/Bites peers or teachers
- \_\_\_\_\_ Breaks or throws objects
- \_\_\_\_\_ Other \_\_\_\_\_

**Parental Attitudes**

- \_\_\_\_\_ Minimizes the child’s problems
- \_\_\_\_\_ Blames others for child’s behavior/performance
- \_\_\_\_\_ Unresponsive to attempts to make contact
- \_\_\_\_\_ Other \_\_\_\_\_

**Emotional Response**

- \_\_\_\_\_ Inappropriate response to correction
- \_\_\_\_\_ Lack of empathy
- \_\_\_\_\_ Flat affect – just stares
- \_\_\_\_\_ Does not express joy
- \_\_\_\_\_ Other \_\_\_\_\_

**Risk-Taking Behaviors**

- \_\_\_\_\_ Harms self intentionally
- \_\_\_\_\_ Sexual acting out
- \_\_\_\_\_ Suspected substance abuse/experimentation
- \_\_\_\_\_ Risky physical behaviors
- \_\_\_\_\_ Steals
- \_\_\_\_\_ Other \_\_\_\_\_

**Developmental Issues**

- \_\_\_\_\_ Sucks thumb
- \_\_\_\_\_ Enuresis
- \_\_\_\_\_ Sleeps at inappropriate times
- \_\_\_\_\_ Eating problems
- \_\_\_\_\_ Speech/language/hearing problems
- \_\_\_\_\_ Other \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Manipulative**

- \_\_\_\_\_ Sneaky
- \_\_\_\_\_ Distorts truth
- \_\_\_\_\_ Blames others for mistakes
- \_\_\_\_\_ Other \_\_\_\_\_

**Isolated**

- \_\_\_\_\_ Ignored by peers
- \_\_\_\_\_ Rejected by peers
- \_\_\_\_\_ Withdrawn
- \_\_\_\_\_ Other \_\_\_\_\_

**Attention Seeker**

- \_\_\_\_\_ Wants teacher’s undivided attention
- \_\_\_\_\_ Causes class disruptions
- \_\_\_\_\_ Talks at inappropriate times
- \_\_\_\_\_ Other \_\_\_\_\_

**Unmotivated**

- \_\_\_\_\_ No desire to learn
- \_\_\_\_\_ Not prepared daily
- \_\_\_\_\_ Frequently has no homework
- \_\_\_\_\_ Exhibits little curiosity
- \_\_\_\_\_ 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 \_\_\_\_\_

**Hyperactivity**

- \_\_\_\_\_ Cannot sit still
- \_\_\_\_\_ Short attention span for age/grade