

School Pre-PINS Diversion Services Referral Form

Oneida County Probation Department
Boehlert Center at Union Station
321 Main Street, 2nd Floor
Utica, New York 13501

Utica Office: Phone (315) 798-5914
FAX (315) 798-6467
Rome Office: Phone (315) 356-0797

Student Information

This box must be completed to make a referral:

Student's Name: _____
Mailing Address: _____

Street Address: _____

Phone: _____
DOB: ____/____/____ Age: _____ Grade: _____

Referral Date: ____/____/____
Referrer's Name: _____
Title: _____
School: _____
Address: _____

Phone: _____ FAX: _____

Family Information

Mother's Name: _____
Address: _____

Phone Home: _____
Work: _____
Cell: _____

Father's Name: _____
Address (if different): _____

Phone Home (if different): _____
Work: _____
Cell: _____

If does not live with parents, adult(s) with whom student lives: (Legal Guardian? ____ Yes ____ No)

Name(s): _____
Address: _____

Phone Home: _____
Work: _____
Cell: _____

Siblings (From oldest to youngest)

<u>Name</u>	<u>DOB</u>	<u>Remarks</u>
1. _____	____/____/____	_____
2. _____	____/____/____	_____
3. _____	____/____/____	_____
4. _____	____/____/____	_____

Reason for Referral

____ Truant Number of days truant this year: _____ Comments: _____

____ Incurrrible Number of discipline referrals: _____ Number of in-school suspensions: _____
Number of out-of-school suspensions: _____ Comments: _____

Release of Information Consent

Has parent signed the Release of Information Consent Form? Yes No (If no, please explain)

If the parent/guardian has not signed the Release of Information Consent Form, do not supply the information below or include the accompanying documentation; instead, just sign this form at the end.

School Information

IEP? Yes No (If yes, please attach copy)

Special Ed? Yes No

(If yes, date of Manifestation Hearing: ___/___/___ ; and attach copy of letter of determination.)

Remarks: _____

Was the case referred for services? Yes No If yes, what service?: _____,

what date referred?: ___/___/___, and what was the outcome?: _____

School Intervention Steps

<u>Student Contacts:</u>	<u>Dates</u>	<u>Outcomes</u>
1. Teacher	___/___/___	_____
2. Guidance Counselor	___/___/___	_____
3. Attendance Officer	___/___/___	_____
4. Other: _____	___/___/___	_____
<u>Parent Contacts:</u>		
5. Phone	___/___/___	_____
6. In-School Conference	___/___/___	_____
7. Home Visit	___/___/___	_____
8. Other: _____	___/___/___	_____
9. Superintendent's Hearing	___/___/___	_____

Social Service Agency Information (If child/family accessed services) Attach available documents.

<u>Agency Name</u>	<u>Type of Service</u>	<u>Contact Person/Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALL INFORMATION AND DOCUMENTS MUST BE INCLUDED FOR THE ONEIDA COUNTY PROBATION DEPARTMENT TO TAKE ACTION.

Signature of Referrer

___/___/___
Date

Signature of Building Principal

___/___/___
Date