

# School Pre-PINS Diversion Services Referral Form

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

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

## Student Information

Student's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Street Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

*This box must be completed to make a referral:*

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)

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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 to SPFY? \_\_\_\_ Yes \_\_\_\_ No If yes, 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