

Has child been referred to the School Psychologist? Yes No If yes, give date: _____

Any other service providers involved? (School and community) Yes No 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? Yes No
Is copy of report card attached? Yes No

Is discipline record attached? Yes No

Comments:

School District: _____

School: _____

Address: _____

District Contact Person: _____ Telephone: _____

Signature: _____ Date: _____