



BROOME COUNTY DEPARTMENT OF SOCIAL SERVICES
C/O PINS DIVERSION UNIT
36/42 MAIN STREET
BINGHAMTON, NY 13905
(607) 778-2745
 Email to Dephillip, Kellyann (DFA) Kellyann.DePhillip@dfa.state.ny.us

SCHOOL DISTRICT REFERRAL FOR PINS DIVERSION SERVICES

PLEASE COMPLETE ALL SECTIONS AS INDICATED

STUDENT'S LAST NAME _____ FIRST NAME _____ M.I _____

ADDRESS _____ ZIP CODE _____

BIRTHDATE _____ MALE FEMALE

CURRENT SCHOOL _____ RACE _____

CURRENT GRADE _____ SCHOOL DISTRICT _____

FATHER'S NAME & ADDRESS

MOTHER'S NAME AND ADDRESS

Home phone: _____

Home phone: _____

Work phone: _____

Work phone: _____

Cell phone: _____

Cell phone: _____

SIBLINGS' NAMES AND ADDRESSES (if known)

DOB / AGE/ GRADE

Other household members:

DOB/Relationship to child

NAME

Reason for PINS referral: Summary with dates of truancy and/or ungovernable behavior. Only unexcused absences/tardiness may be used in complaint.

Have referrals been made to school based services? Yes No If Yes, to whom (ex. SW, Guidance, Promise Zone, Liberty Partnership, Upward Bound, Youth Development etc...)

Describe diligent efforts by the school to resolve this problem. List: parent conferences, home visits, and referrals to outside agencies.

REPORT OF PARENT CONFERENCES: If parent does not show, please list attempts to reschedule via mail, phone, home visits.

DATE(S)	IN ATTENDANCE	DISPOSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REPORT OF HOME VISITS:

DATE(S)	IN ATTENDANCE	DISPOSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERRALS TO OUTSIDE AGENCIES: (Catholic Charities, SPOA, GATEWAY, Mental Health counseling, after school programs, Boys & Girls Club, YMCA, Urban League etc...)

DATE(S)	AGENCY	RESULTS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CURRENT OUTSIDE SERVICES: ex. CPS, DSS, Mental Health, OPWDD etc....

Please indicate why you believe these efforts have not been successful. _____

ACADEMIC PERFORMANCE SUMMARY

Briefly describe student's academic functioning. _____

Has the child been referred to the CSE? YES NO **If yes, give date:** _____

Classification: _____

Is the child currently receiving special education services? YES NO **If yes, what services are provided?** _____

Has there been a re-evaluation or manifestation hearing prior to this referral? If yes, when and what was the outcome. _____

FOLLOWING ATTACHMENTS ARE REQUIRED ON ALL REFERRALS:

- Attendance Records
- Discipline Records
- Copy of report card
- IEP including last psychological assessment
- Behavioral Intervention Plan

What school official/staff may be contacted for more information?

District Contact Person _____ **Phone** _____

E-mail _____

Person filing the complaint (if different from Contact Person): _____

(Title)

(Phone)

(E-Mail)

Superintendent or Representative:

Signature

Date