

Jefferson Parish Families in Need of Service Complaint Form

1546 Gretna Blvd. Harvey, La. 70058

DATE _____ (504) 367-3500 ext. 319 • Fax (504) 263-8243

Child's Name: _____ Date of Birth: ___/___/___ Sex: _____

Circle: Hispanic / Non Hispanic Race: Caucasian, African American, Asian, American Indian, Pacific Islander

Child's State ID# _____ - _____ - _____ School Attending: _____ Grade: _____

Language interpreter needed: yes / no If yes, what language? _____

Special Education: (Y) or (N) Classification /Comments: _____

Legal Guardian(s): _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mailing Address: _____

City: _____ Zip: _____

Students Physical Address: _____ City: _____

Article 730 Grounds from the Louisiana Children's Code: Allegations that a family in need of services **must** fall in one or more of these following categories: Be specific as possible.

School officials commonly use articles 730.1, 730.8 or 730.11.

___ 730.1 Minor is Truant.

#Total Absent ___ # Excused ___ #Unexcused ___ #Tardy ___

___ 730.1 Minor violates school rules. ___ #OSS ___ #ISS ___ Expelled

Please note: Out of school suspensions (OSS) **are not** considered truant.

___ 730.8 The Caretaker refused to attend a meeting with the child's teacher, school principal, or other employee regarding truancy, violation of school rules or other educational problems.

___ 730.11 Cyber bullying.

Additional Information: (Please describe behavior and tell us what services you think the child needs.)

Measures Taken: At least 3 must be checked (Truancy: requires a parent contact; Discipline: requires an A/BIT or IEP)

___ Administrator(s) talked with student (Date: ___/___/___)

PBIS Tier Level:

___ Called and talked with guardian (Date: ___/___/___)

___ Level I

___ Sent letter (Date: ___/___/___) (Date: ___/___/___) (Date: ___/___/___)

___ Level II

___ Home visit (Date: ___/___/___)

___ Level III

___ Had meeting with guardian (Date: ___/___/___)

___ Child talked to Dean (Date: ___/___/___)

___ Reported to the Child Welfare Attendance Office (Date: ___/___/___)

___ Counseled by School Counselor (Name: _____)

___ A/BIT intervention in place on ___/___/___ or Restorative Practice ___/___/___

___ IEP reconvened (Sp. Ed.) with new plan on ___/___/___

___ Referred to _____ (Date: ___/___/___)

*******PARENT MUST BE NOTIFIED THAT THE CHILD IS BEING REFERRED TO FINS*******

Must Attach: EMERGENCY CARD, DISCIPLINE, DEMOGRAPHIC & ATTENDANCE RECORDS to this form.

Completed by: _____ Title: _____ Phone _____