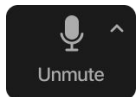
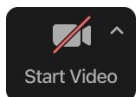


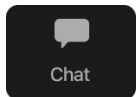
# Zoom Meeting Preparation



- Please make sure your phone or computer is muted to minimize background noise.
  - To do this, hover over the bottom left-hand side of your screen and click “Mute.”



- Please make sure you have turned off your camera to save bandwidth and prevent any connectivity issues.
  - To do this, hover over the bottom left-hand side of your screen and click “Stop Video.”



- Please submit questions during the presentation in the “Chat” function located on the bottom of your screen.

If you require an interpreter or have other accessibility needs for future LDOE meetings, please contact [LDOEcommunications@la.gov](mailto:LDOEcommunications@la.gov).



# Child Welfare and Attendance Monthly Call



April 3, 2025

# Agenda

- Introduction / Sign In
- Monthly Call Focus & Purpose
- Presentation: ***TASC and FINS Processes and Procedures***
- Guest Speakers: ***Henrietta Palmisan and Lacey Shull FINS***
- Updates

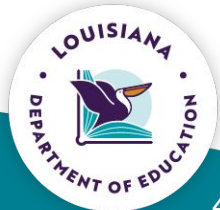
Please email [ernise.singleton@la.gov](mailto:ernise.singleton@la.gov) with questions.



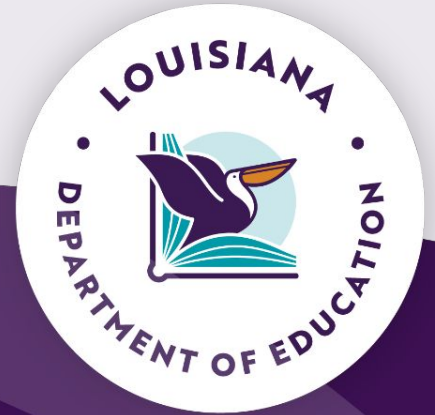
# Monthly Call Purpose

- **Focus:** TASC and FINS Processes and Procedures
- **Purpose:** To cultivate a network of attendance stakeholders to discuss evidence-based best practices and resources to improve student attendance.

Please email [ernise.singleton@la.gov](mailto:ernise.singleton@la.gov) with questions.



# Attend Today | Achieve Tomorrow Families In Need of Services



# **TASC AND FINS**

## **ATTENDANCE & BEHAVIOR**

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**HENRIETTA PALMISANO – 21<sup>ST</sup> JDC PROGRAM DIRECTOR**  
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# WHAT IS TASC?

Truancy  
Assessment and  
Service  
Center



The Louisiana Legislature began 2 pilot  
TASC programs in 1999.

## PURPOSE?

-TASC provides early identification and assessment of truants and promptly delivers coordinated interventions to prevent continued unauthorized school absences.





**KINDERGARTEN-  
5TH**





# FINS



# WHAT IS FINS?

Family  
In  
Need of  
Services



- FINS is a legal process and not a program; however, FINS-AP is available to help you with this process.
- You are the leader of this process, which has two parts: the Informal Process and the Formal Process. Ideally, the Informal process will happen first and will reduce justice system involvement, increase community involvement, empower families, and hold accountable children and their communities.
- FINS cases have 10 specific grounds (LA. Ch.C. Art. 730).

# Louisiana Children's Code Article 730 Grounds

Art. 730. Grounds Allegations that a family is in need of services must assert whether the child is currently under the supervision of any state or local entity including, but not limited to, the Department of Children and Family Services or the Department of Public Safety and Corrections, youth services, the office of juvenile justice, and assert one or more of the following grounds:

(1) That a child is truant or has willfully and repeatedly violated lawful school rules.

(2) That a child is ungovernable.

(3) That a child is a runaway.

(4) That a child has repeatedly possessed or consumed intoxicating beverages, or that he has misrepresented or deceived his age for the purpose of purchasing or receiving such beverages from any person or has repeatedly loitered around any place where such beverages are the principal commodities sold or handled.

(5) That a child has committed an offense applicable only to children.

## Louisiana Children's Code Article 730 Grounds Cont.

- (6)** That a child under ten years of age has committed any act which if committed by an adult would be a crime under any federal, state, or local law.
- (7)** That a caretaker has caused, encouraged, or contributed to the child's behaviors enumerated in this Article or to the commission of delinquent acts as defined in Title VIII.
- (8)** That, after notice, a caretaker has willfully failed to attend a meeting with the child's teacher, school principal, or other appropriate school employee to discuss the child's truancy, the child's repeated violation of school rules, or other serious educational problems of the child.
- (9)** That a child has been found incompetent to proceed with a delinquency matter under Article 832 et seq.
- (10)** Repealed by Acts 2012, No. 730, §2.
- (11)** A child found to have engaged in cyberbullying. Acts 1991, No. 235, §7; Acts 1994, 3rd Ex. Sess., No. 45, §3; Acts 1995, No. 444, §1, eff. June 17, 1995; Acts 1999, No. 784, §1; Acts 1999, No. 1313, §2; Acts 2004, No. 485, §1, eff. Jan. 1, 2005; Acts 2010, No. 989, §1; Acts 2012, No. 660, §1; Acts 2012, No. 730, §2.

# REFERRALS

## DEPARTMENT OF EDUCATION FINS REFERRAL CHECKLIST

A FINS REFERRAL MAY BE FILED ONLY AFTER THE SCHOOL HAS EXHAUSTED ALL IN-HOUSE ATTEMPTS TO RECTIFY THE PROBLEM

Date: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SEX: MALE ☐ FEMALE ☐ Hispanic/Latino Ethnicity? Yes ☐ No ☐  
RACE: Caucasian ☐ African American ☐ Native American ☐ Asian ☐ Other: \_\_\_\_\_  
School: \_\_\_\_\_ How Long: \_\_\_\_\_ Grade: \_\_\_\_\_  
Special Education? Yes ☐ No ☐ Classification: \_\_\_\_\_ Date of most recent IEP: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Student's Physical Address: \_\_\_\_\_  
Name of Person Making Referral: \_\_\_\_\_ Title: \_\_\_\_\_  
School Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TYPE OF REFERRAL

THE ABOVE FAMILY IS A FAMILY IN NEED OF SERVICES BECAUSE IT INCLUDES A STUDENT WHO IS (PLACE AN "X" IN THE APPROPRIATE BOX(ES)): NOTE: Appropriate documentation demonstrating a course of conduct by the child and/or family must accompany this form (e.g., evidence of interventions and outcome data.)

- ☐ HABITUALLY TRUANT  
☐ VIOLATES SCHOOL RULES  
☐ PARENT OR GUARDIAN FAILED TO ATTEND SCHOOL MEETINGS

### ATTENDANCE

LIST SPECIFIC DATES OF UNEXCUSED ABSENCES IN THE SPACE BELOW. DO NOT JUST REFERENCE THE INCLUDED ATTENDANCE REPORT IN THIS SECTION. (List any efforts made by school to improve attendances as well as the results of those efforts.)

### BEHAVIOR

IF THIS REFERRAL IS BASED ON STUDENT'S IN-SCHOOL CONDUCT RATHER THAN TRUANCY, PROVIDE DOCUMENTATION THAT THE STUDENT HAS WILLFULLY AND REPEATEDLY VIOLATED SCHOOL RULES AND REGULATIONS. THERE MUST BE A PATTERN OF DEFIANCE OVER TIME. A SINGLE INCIDENT IS NOT SUFFICIENT TO ESTABLISH THAT A STUDENT HABITUALLY VIOLATES SCHOOL RULES. (List all dates and provide a description of the behavior including steps that have been taken to remedy the issue(s) such as PBIS and/or other interventions and the results of those steps.)

### PARENT FAILURE TO ATTEND SCHOOL MEETINGS

PARENT OR GUARDIAN HAS WILLFULLY FAILED TO ATTEND A MEETING WITH THEIR CHILD'S TEACHER, PRINCIPAL OR OTHER APPROPRIATE SCHOOL EMPLOYEE TO DISCUSS THEIR CHILD'S TRUANCY, REPEATED VIOLATION OF SCHOOL RULES, OR OTHER SERIOUS EDUCATIONAL PROBLEM. (List dates of all meetings the parent or guardian has failed to attend and include all steps that have been taken to remedy the issue(s) as well as the results of those steps.)

# REFERRALS

## DEPARTMENT OF EDUCATION FINS REFERRAL CHECKLIST

### ACTIONS TAKEN BY THE SCHOOL

Number of In School Suspensions Program (ISSP) Placements during the Current School Year: \_\_\_\_\_

Number of Out-of-School Suspensions during the Current School Year: \_\_\_\_\_

The Student has been expelled: Yes ☐ or No ☐

Reason(s) for Expulsion: \_\_\_\_\_

IN-HOUSE MEASURES TAKEN BY THE SCHOOL TO RECTIFY THE PROBLEM: (at least 3 of the following boxes must be checked; items with asterisk are required)

\* ☐ Called and talked with guardian (Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)

\* ☐ Referred for intervention to: (Check all that Apply)

☐ School Counselor (Name: \_\_\_\_\_) ☐ School Psychologist (Name: \_\_\_\_\_)

☐ Behavior Specialist (Name: \_\_\_\_\_) ☐ School Social Worker (Name: \_\_\_\_\_)

☐ Other School Based Mental Health/Behavior Support Personnel (Title & Name: \_\_\_\_\_)

☐ Administrator/s talked with student (Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)

☐ Referred to Sp. Ed Evaluation (Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)

☐ Sent letter (Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)

☐ Referred to School Nurse or School-Based Health Clinic

☐ Home Visit (Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)

☐ Referred to outside community/private agency

☐ Had meeting with guardian (Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)

☐ Referred to \_\_\_\_\_ (Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)

☐ Student talked to SRO (Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)

☐ Referred for Section 504 Evaluation (Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)

☐ Child Welfare Attendance Office (Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)

☐ Student is receiving targeted group/individual intervention (e.g. in Tier II or III of PBIS)

Guardian must be notified of intent to file FINS referral prior to filing the referral.

Name of Guardian: \_\_\_\_\_ Date of Notification: \_\_\_\_\_

No FINS referral will be accepted without documentation establishing a course of conduct. Please check off those items which are included or will be sent.

☐ All special education evaluations on file (parental consent is required - IDEA§300.622(a))

☐ All IEP's regardless of classification (parental consent is required - IDEA§300.622(a))

☐ Behavioral records, including incident reports, suspensions, and referrals

☐ Attendance records as far back as available

☐ Elementary school records

☐ Report Cards

☐ Health Records (including reports from outside agencies)

☐ Collateral involvement (documentation provided by others)

☐ All supporting documentation for each measure attempting, including documentation outlining number of times each measure has been attempted

Parents are to be notified prior to filing the referral. The school is responsible for obtaining release of information forms. IF records are incomplete, please include an explanation of why this is the case.

SIGNED (Principal of School, Only)

PRINT OR TYPE NAME OF PERSON SIGNING

DATE SIGNED

# REFERRALS

## DEPARTMENT OF EDUCATION FINS REFERRAL CHECKLIST

### ADDITIONAL INFORMATION REQUIRED FOR FINS

Student's Social Security Number:  /  /  Student ID #

Alias:

Parent's e-mail Address

Has this student failed past grade? Yes ☐ No ☐ If yes, what grade(s)?

Known School Aged Siblings:

Does the student have a history of illness? Yes ☐ No ☐ If yes, type of illness

Has the student's address and contact phones numbers been verified? Yes ☐ No ☐

Did the parent, guardian or tutor sign that they had received and read the school handbook? Yes ☐ No ☐

Is there a history of lice? Yes ☐ No ☐ Were instructions given on treatment? Yes ☐ No ☐

Dates Sent Home

Signature Person Filling out Report  Type or Print Name  Date Completed



# REFERRALS

Child's Name: \_\_\_\_\_ Completed By: \_\_\_\_\_  
Date: \_\_\_\_\_ Position: \_\_\_\_\_

## Risk Indicator Survey I

### Defiant

☐ Argues with authority figures  
☐ Uses obscene language or gestures  
☐ Other \_\_\_\_\_

### Manipulative

☐ Sneaky  
☐ Distorts truth  
☐ Blames others for mistakes  
☐ Other \_\_\_\_\_

### Aggressive

☐ Bullies/threatens/intimidates others  
☐ Hits/Bites peers or teachers  
☐ Breaks or throws object  
☐ Other \_\_\_\_\_

### Isolated

☐ Ignored by peers  
☐ Rejected by peers  
☐ Withdrawn  
☐ Other \_\_\_\_\_

### Parental Attitudes

☐ Minimizes child's problems  
☐ Blames others for child's behavior/performance  
☐ Unresponsive to attempts to make contact  
☐ Other \_\_\_\_\_

### Attention Seeker

☐ Wants teacher's undivided attention  
☐ Causes class disruptions  
☐ Talks at inappropriate times  
☐ Other \_\_\_\_\_

### Emotional Response

☐ Inappropriate response to correction  
☐ Lack of empathy  
☐ Flat affect – just stares  
☐ Does not express joy  
☐ Other \_\_\_\_\_

### Unmotivated

☐ No desire to learn  
☐ Not prepared daily  
☐ Frequently has no homework  
☐ Exhibits little curiosity  
☐ Other \_\_\_\_\_

### Risk Taking Behaviors

☐ Harms self intentionally  
☐ Sexual acting out  
☐ Suspected substance use/experimentation  
☐ Risky physical behaviors  
☐ Steals  
☐ Other \_\_\_\_\_

### Unstable Home Life

☐ Poor hygiene  
☐ Regularly complains of hunger  
☐ Inappropriate clothing for weather  
☐ Suspected substance abuse by adult in home  
☐ Chronic illness/ lack of medical care  
☐ Lack of school supplies  
☐ Other \_\_\_\_\_

### Developmental Issues

☐ Sucks thumb  
☐ Enuresis  
☐ Sleeps at inappropriate times  
☐ Eating problems  
☐ Speech/language/hearing problems  
☐ Other \_\_\_\_\_

### Hyperactivity

☐ Can't sit still  
☐ Short attention span for age/grade  
☐ Other \_\_\_\_\_

### Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Supporting Documentation & Information

School Records (Attendance, Discipline, Grades, and Parent Contact Logs)

Address and phone number changes (Demographics Page)

Any pertinent information regarding the child or would be beneficial in knowing prior to the family being referred to additional services (504, IEP, diagnoses, history of self harm behavior, alleged substance abuse by youth or parents, DCFS involvement, etc.)

Timing of referral

# SCHOOL ATTENDANCE IMPROVEMENT PLAN



# COURT INVOLVEMENT





**Questions?**

# Resources

## Louisiana Attendance Planning

- Attendance Action Planning Workbook
- Toolkit Slides
- Chronic Absenteeism Rate Report
- Attendance Action Plans
- Peer-learning Surveys



[LDOE Child Welfare & Attendance webpage](#)

Please email [ernise.singleton@la.gov](mailto:ernise.singleton@la.gov) with questions.



# Updates



- March Presentation can be found on the [LDOE Monthly Calls](#) webpage
- April [CWA Monthly Call](#)
  - 8am, April 3