



POSSIBILITIES PROGRAMS

2020-2021 Referral Form
Family Referral

Please answer all of the questions so that we can best support your child and family.
With questions, please contact Jayden McCune at jaydnmcss@racker.org or 257-1555 ext. 5046.

Date of Completion: _____

Name of Student: _____ Birthday: _____

Student's School: _____ Grade: _____

Parent/Guardian: _____ Phone: _____

Address: _____ Email: _____

Parent/Guardian: _____ Phone: _____

Address: _____ Email: _____

Preferred method of contact:

- Email Home Phone Cell Phone Text Video Chat (e.g. FaceTime & Zoom)

How would you know that this program has been successful for your child and family? _____

If your child was doing really well, what would you notice? _____

My Child's Strengths

- | | | |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Academics | <input type="checkbox"/> Accepts Responsibility | <input type="checkbox"/> Accepts Consequences |
| <input type="checkbox"/> Empathetic | <input type="checkbox"/> Strong Value System | <input type="checkbox"/> Good Sense of Humor |
| <input type="checkbox"/> Honest | <input type="checkbox"/> Follows Home Rules | <input type="checkbox"/> High Self Esteem |
| <input type="checkbox"/> Has Positive Peer Relationships | <input type="checkbox"/> Forms Positive Relationships with Adults | |
| <input type="checkbox"/> Involved with extra-curricular activities (please list): | | |

Other Strengths: _____

My Child's Challenges

<p><u>Behavioral</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> History of ISS/OSS <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Sexualized behaviors <input type="checkbox"/> Impulsive <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hyperactive <input type="checkbox"/> Alcohol/Drug Use (please list): 	<p><u>Emotional</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Sad <input type="checkbox"/> Nervous/Anxiety <input type="checkbox"/> Angry <input type="checkbox"/> Mood Swings <input type="checkbox"/> Fearful <input type="checkbox"/> Self-Injury <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Recent Psychiatric Hospitalization
<p><u>School</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Academic Progress <input type="checkbox"/> Organization Skills <input type="checkbox"/> Peer Relations <input type="checkbox"/> Authority Figure Relationships <input type="checkbox"/> Poor Attention <input type="checkbox"/> Attendance <input type="checkbox"/> New/Transition Student 	<p><u>Home</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Death/Loss <input type="checkbox"/> Separation/Divorce <input type="checkbox"/> Conflict <input type="checkbox"/> Trauma <input type="checkbox"/> Home/School Relationship

Additional Comments:

Community Supports:

My child attends mental health counseling: Yes No

Name of Organization or Practice: _____

Name of Counselor: _____

Contact Information: _____

List other people or organizations that support my child:

Who do you feel most connected with at the school?

Who does your child feel most connected with at school?

RELEASE OF INFORMATION:

I give permission for my child to be referred to the Possibilities and Lighthouse Programs and for the referring school to share relevant information with the program staff. I understand that the program staff may observe my child at their school and speak with school staff. I understand that some of the school records that can be sent to the program include:

- | | |
|------------------------------|-----------------------------------------|
| IEP/504 Plan if applicable | School attendance records |
| Student's transcript | Student's schedule |
| Student's discipline records | Psychological assessment (if available) |

Parent/Guardian Signature

Date