

POSSIBILITIES PROGRAM

2020-2021 Referral Form
School Referral

This referral will be processed only after the Family Referral Form has been submitted.
When complete, email the form to Jayden McCune at jaydnmcss@racker.org or
send by fax to 257-2510.

Date of Referral: _____

Name of Student: _____ Birthday: _____

Student's School: _____ Grade: _____

Primary School Point of Contact: _____

Phone: _____ Email: _____

Role: _____

Secondary School Point of Contact: _____

Phone: _____ Email: _____

Role: _____

Parent/Guardian: _____ Phone: _____

Address: _____ Email: _____

Parent/Guardian: _____ Phone: _____

Address: _____ Email: _____

Please attach with referral:

- | | | |
|---|--|--|
| <input type="checkbox"/> IEP/504 | <input type="checkbox"/> Attendance Record | <input type="checkbox"/> Discipline Record |
| <input type="checkbox"/> Student's Schedule | <input type="checkbox"/> Report Card/Transcript | <input type="checkbox"/> RTI Plan |
| <input type="checkbox"/> FBA/BIP | <input type="checkbox"/> Psychological Report (if available) | |

Reason for referral: _____

At this time, which support(s) do you feel best fits the student's needs:

- | | | |
|--|--|---|
| <input type="checkbox"/> Consultation | <input type="checkbox"/> CARE Team Meeting | <input type="checkbox"/> Solution Focused Meeting |
| <input type="checkbox"/> Parent Support | <input type="checkbox"/> Student Support | <input type="checkbox"/> School Support |
| <input type="checkbox"/> Resource Referral | <input type="checkbox"/> Behavioral Planning | <input type="checkbox"/> Not Sure |

Student'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): | | |

If this student was doing really well, what would you notice?

Student's Challenges

<p><u>Behavioral</u></p> <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> <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> <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> <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:

How long have these concerns been present?

- 1-4 Weeks
 1-3 Months
 3-6 Months
 6-12 Months
 1 year or longer

Identify specific times when the concerns are not interfering with the student's success:

Please list the adults in the school that the student would identify as a support person:

Name:

Name:

Position:

Position:

Please list the school staff members that that have the strongest relationships with the students' parents/caregivers:

Name:

Name:

Position:

Position:
