

# POSSIBILITIES PROGRAMS

## 2021-2022 Referral Form

### Family Referral

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

Date of Completion: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Birthday: \_\_\_\_\_

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 helpful for your child and family? \_\_\_\_\_

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 Withdrawn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

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) |

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Parent/Guardian Signature

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Date