

POSSIBILITIES PROGRAM

2021-2022 Referral Form

School Referral

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

Date of Referral: _____

Name of Student: _____ Birth Date: _____

Pronouns: _____

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"/> Rtl Plan |
| <input type="checkbox"/> FBA/BIP | <input type="checkbox"/> Psychological Report (if available) | |

Current Challenges: _____

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 School 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 were doing really well, what would you notice?		

Student's Challenges

<u>Behavioral</u>	<u>Emotional</u>			
<input type="checkbox"/> History of Suspension	<input type="checkbox"/> Sad			
<input type="checkbox"/> Verbal Aggression	<input type="checkbox"/> Nervous/Anxiety			
<input type="checkbox"/> Physical Aggression	<input type="checkbox"/> Angry			
<input type="checkbox"/> Sexualized behaviors	<input type="checkbox"/> Mood Swings			
<input type="checkbox"/> Impulsive	<input type="checkbox"/> Fearful			
<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Self-Injury			
<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Suicidal Ideation			
<input type="checkbox"/> Alcohol/Drug Use	<input type="checkbox"/> Recent Psychiatric Hospitalization			
<u>School</u>	<u>Home</u>			
<input type="checkbox"/> Academic Progress	<input type="checkbox"/> Death/Loss			
<input type="checkbox"/> Organization Skills	<input type="checkbox"/> Separation/Divorce			
<input type="checkbox"/> Peer Relations	<input type="checkbox"/> Conflict			
<input type="checkbox"/> Authority Figure Relationships	<input type="checkbox"/> Trauma			
<input type="checkbox"/> Poor Attention	<input type="checkbox"/> Home/School Relationship			
<input type="checkbox"/> Attendance				
<input type="checkbox"/> New/Transition Student				
Additional Comments:				
How long have these concerns been present?				
<input type="checkbox"/> 1-4 Weeks	<input type="checkbox"/> 1-3 Months	<input type="checkbox"/> 3-6 Months	<input type="checkbox"/> 6-12 Months	<input type="checkbox"/> 1 year or longer

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

Please list the school staff members that have the strongest relationships with the **student**:

Name:

Name:

Position:

Position:

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

Name:

Name:

Position:

Position:
