

# POSSIBILITIES PROGRAM

## 2022-2023 Referral Form

### Family Referral (Part 2)

#### What is the Possibilities Program?

The Possibilities Program is a collaboration between TST BOCES and Racker. Possibilities provides outreach and support to students and families in crisis, experienced trauma or who may be going through a difficult transition who are best served by additional supports for the family and home district. Possibilities can provide this support to the home school, students and their families in grades K-12 via an innovative continuum of care.

The Possibilities Team includes licensed clinical social workers, teachers and youth development specialists.

#### Who is eligible for support and how can we access Possibilities services?

Possibilities resources are available to participating districts in the TST BOCES region. Both general education and special education students are eligible to participate. Referrals for student support must come through the student's home school, and both the family and school need to fill out the referral to get started.

#### What can we expect once the district has sent in a referral?

Your referral will be sent to our director who will review the referral and reach out to both your family and school to review. Together you will start to determine what types of support your family, student, and school may require and if the family would like access to any of the support services available. A consent packet will be sent to the family to review. Once we receive the consent packet back, one of our Possibilities Specialists will be assigned to work with the family. Typically, from the time we receive your referral to when you can expect a call is about one week. Once we receive the consent signatures you should hear from a specialist within 2 days to set up an initial meeting at your convenience at a location of your choice.

#### How much is my family involved?

Families are at the center of our work and your participation is critical to the success of your child. You are involved from the start. We are 100% voluntary. You may withdraw from the program or request services be stopped at any time. We are here to help you!

#### How do I learn more about the program?

If you would like to know more about the program or have questions, contact Cathryn Sellers, Possibilities Program Director at [cathryns@racker.org](mailto:cathryns@racker.org) or 607-257-1551 ext. 5046.

*I understand what it means for my child/family to participate in Possibilities Program.*

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Signature

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Date

## POSSIBILITIES PROGRAM

2022-2023 Referral Form  
Family Referral (Part 2) Continued

Please answer all of the questions so that we can best support your child and family.

Today's Date:	
Student Legal Name:	Birthdate:
Student Preferred Name:	Student Pronouns:
Student's School:	Grade:
Student Race/Ethnicity:	Student Gender Identity:

Parent/Guardian:	Phone:
Address:	Email:
Preferred method of contact:	<input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email
Primary Language:	Best day/time to reach me:

Parent/Guardian:	Phone:
Address:	Email:
Preferred method of contact:	<input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email
Primary Language:	Best day/time to reach me:

Emergency Contact (other than self):	
Phone:	Role:

Please identify any adult(s) in the student/family would identify as an additional support (this can either be community or school based).

Name and Relationship:

Name and Relationship:

**Student Strengths**

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

**Additional Comments:**

**Current Challenges for Student**

**Behavior**

- History of ISS/OSS
- Verbal Aggression
- Physical Aggression
- Sexualized behaviors
- Impulsive
- Withdrawn
- Hyperactive
- Alcohol/Drug Use
- Self-Injury
- Suicidal Ideation

**Home**

- Death/Loss
- Separation
- Divorce
- Conflict
- Trauma
- Home/School Relationship
- Recent Psychiatric Hospitalization

**School**

- Academic Progress
- Organization Skills
- Peer Relations
- Authority Figure Relationships
- Attention
- Attendance
- New Student

**Emotional**

- Sad
- Anxious
- Angry
- Mood Swings
- Fearful
- Stressed
- Nervous
- Isolated
- Lonely

How long have these concerns been present?

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

**Additional Comments:**

Please identify specific times when the concerns are NOT interfering with the student's success

**Community Supports (please see note below)\*:**

My child participates in mental health counseling.  Yes  No

If yes, they attend at

- Tompkins County Mental Health Clinic
- Family and Children’s Services
- Private Practice]
- Mental Health Association of Tomkins County
- Seneca County Mental Health

Other agencies/programs that support my child/family:

- The Village at Ithaca
- PINS (Person in Need of Supervision)
- DAP (Dispositional Alternatives Program)
- Drug and Alcohol Program
- GIAC (Greater Ithaca Activities Center)
- DSS (CPS or Preventive Services)
- Ithaca Youth Bureau
- Southside Community Center
- Other:

**RELEASE OF INFORMATION:**

I give permission for my child to be referred to the Possibilities Program and for the referring school to share information with the Possibilities 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 are:

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

Parent/Guardian Name	Date
Print:	
Signature:	

*\*Once enrolled in the program, you may be asked to sign a Releases of Information (ROI) so that we may contact other community supports or providers. Prior to that we WILL NOT communicate with anyone except the school district until we have your written consent.*