

POSSIBILITIES PROGRAM

2022-2023 Referral Form

School Referral Part I

Please note!

This referral will not be processed until Parent/Guardian Form (PART II) is also submitted.

When complete, scan and email to cathryns@racker.org or fax this form to 607-257-2510.

Contact Possibilities Program Director, Cathryn Sellers at cathryns@racker.org or 607-257-1555 ext. 5046 with any questions

Date of Referral:		
Student Last Name:	First Name	
Preferred name:	Pronouns:	
Home School:	DOB:	Grade:
Gender Identification : <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown		
Race/Ethnicity: Hispanic, Spanish, or of Latin American descent? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
Check one or more: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White		
Primary Language:		

Please check all that apply and attach supporting documents 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 (if available) |
| <input type="checkbox"/> FBA/BIP (if available) | <input type="checkbox"/> Psychological Report | |
| <input type="checkbox"/> Immunization Record | | |

Primary School Point of Contact (Referral Source):	
Phone:	Email:
Role:	

Secondary School Point of Contact (Alternate Contact):	
Phone:	Email:
Role:	

Parent/Guardian:	Phone:
Address:	Email:
Parent/Guardian:	Phone:
Address:	Email:
Primary Language of Family:	

Student's 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 School Rules | <input type="checkbox"/> Involved with extra-curricular activities |
| <input type="checkbox"/> Other Strengths (please list): | (please |

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

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

How would you know that the program has been successful for this student?

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

Please identify an additional adult in the school/community that the student would identify as a support person.

Name:	
Phone:	Email:
Role:	