# **LIGHTHOUSE 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](mailto:cathryns@racker.org) or fax this form to 607-257-2510.

Contact Lighthouse Program Director, Cathryn Sellers at [cathryns@racker.org](mailto: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: ☐ Male ☐ Female ☐Non-Binary ☐ Transgender ☐ Unknown | |
| Race/Ethnicity:  Hispanic, Spanish, or Latin American descendent? ☐ Yes or ☐ No  Check one or more: ☐ American Indian ☐Asian ☐Native Hawaiian or other Pacific Islander ☐ Black or African American ☐ White | |
| Primary Language: | |

**Please check all that apply and attach supporting documents with referral:**

|  |  |  |
| --- | --- | --- |
| ☐ IEP/504 | ☐ Attendance Record | ☐ Discipline Record |
| ☐ Student’s Schedule | ☐ Report Card/Transcript | ☐ RTI Plan (if available) |
| ☐ FBA/BIP (if available) | ☐ Psychological Report | |
| ☐ Immunization Record |  | |

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

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

**PARENT/GUARDIAN CONTACT INFORMATION**

|  |  |
| --- | --- |
| Parent/Guardian: | Phone: |
| Address: | Email: |
| Relationship to Student: |  |
| Parent/Guardian: | Phone: |
| Address: | Email: |
| Relationship to Student: |  |
| Primary Language of Family: |  |

**Student’s Strengths**

|  |  |
| --- | --- |
| ☐ Academics  ☐ Has Positive Peer Relationships  ☐ Forms Positive Relationships with Adults  ☐ Empathetic  ☐ Strong Value System  ☐ Follows School Rules  ☐ Other Strengths (please list): | ☐ Accepts Responsibility  ☐ Honest  ☐ Sense of Humor  ☐ Accepts Consequences  ☐ High Self Esteem  ☐ Involved with extracurricular activities  (please list): |

**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| **Behavior**  ☐History of ISS/OSS  ☐ Verbal Aggression  ☐ Physical Aggression  ☐ Sexualized behaviors  ☐ Impulsive  ☐ Withdrawn  ☐ Hyperactive  ☐ Alcohol/Drug Use  ☐ Self-Injury  ☐ Suicidal Ideation | **Home**  ☐ Death/Loss  ☐Separation  ☐ Divorce  ☐ Conflict  ☐ Trauma  ☐ Home/School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 |

How will Lighthouse benefit this student and how would you know that an admission has been successful for this student?

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

Additional Comments:

Please identify the adults in the school that the student would identify as a support person*.*

Name and Position:

Name and Position: