



# 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: <span style="float: right;">Grade:</span>
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 Latin American descendent? <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 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**

- |   |   |
|---|---|
| <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 extracurricular activities |
| <input type="checkbox"/> Other Strengths (please list):           | (please list):  |

**Current Challenges for Student**

- | <b><u>Behavior</u></b>                        | <b><u>Home</u></b>                          | <b><u>School</u></b>                         | <b><u>Emotional</u></b>              |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> History of ISS/OSS   | <input type="checkbox"/> Death/Loss         | <input type="checkbox"/> Academic Progress   | <input type="checkbox"/> Sad         |
| <input type="checkbox"/> Verbal Aggression    | <input type="checkbox"/> Separation         | <input type="checkbox"/> Organization Skills | <input type="checkbox"/> Anxious     |
| <input type="checkbox"/> Physical Aggression  | <input type="checkbox"/> Divorce            | <input type="checkbox"/> Peer Relations      | <input type="checkbox"/> Angry       |
| <input type="checkbox"/> Sexualized behaviors | <input type="checkbox"/> Conflict           | <input type="checkbox"/> Authority Figure    | <input type="checkbox"/> Mood Swings |
| <input type="checkbox"/> Impulsive            | <input type="checkbox"/> Trauma             | Relationships                                | <input type="checkbox"/> Fearful     |
| <input type="checkbox"/> Withdrawn            | <input type="checkbox"/> Home/School        | <input type="checkbox"/> Attention           | <input type="checkbox"/> Stressed    |
| <input type="checkbox"/> Hyperactive          | Relationship                                | <input type="checkbox"/> Attendance          | <input type="checkbox"/> Nervous     |
| <input type="checkbox"/> Alcohol/Drug Use     | <input type="checkbox"/> Recent Psychiatric | <input type="checkbox"/> New Student         | <input type="checkbox"/> Isolated    |
| <input type="checkbox"/> Self-Injury          | Hospitalization                             |  | <input type="checkbox"/> Lonely      |
| <input type="checkbox"/> Suicidal Ideation    |   |  |                                      |

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: