# POSSIBILITIES PROGRAM

# 2023-24 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)

Contact Possibilities 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 of 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 of Student: Primary Language Spoken at Home: | |
| Does the family need an interpreter? | |
| If YES, is the district currently working with one? | |
| Please provide contact information: | |

**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: | Phone: |
| Address: | Email: |
| Parent/Guardian: | Phone: |
| Address: | Email: |

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**Behavior**  ☐History of ISS/OSS  ☐ Verbal Aggression  ☐ Physical Aggression  ☐ Sexualized behaviors  ☐ Impulsive  ☐ Withdrawn  ☐ Hyperactive  ☐ Alcohol/Drug Use  ☐ Self-Injury  ☐ Suicidal Ideation | **Home**  ☐ Death/Loss  ☐Separation  ☐ Divorce  ☐ Conflict  ☐ Trauma  ☐ Home/School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

What goal are you looking to see the student and/or family to reach?

What are the successes of this student?

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