



# 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 : <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 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:**

- |   |   |  |
|---|---|--|
| <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:

- 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.