

Date Received _____



Helen Farabee
CENTERS
— a commitment to caring —

Pursuing Alternative Choices through Knowledge (PACK) Student Referral for Services Form

Please complete the information below and submit to the PACK office and or via internal mail correspondence.

Client/Student Full Name: _____ Grade: _____ Age: _____

School (Chose One): WFHS HHS DAC Other: _____

Instructions: Please mark all the areas that apply to the reason(s) the student is being referred. Academics

- Core Subject Failure/Tutoring Core Subject Performance Support
- College or Career Preparation
- Attendance
 - Frequent Absences
 - Organization
 - Time Management
 - Truancy
 - Disciplinary & ISS

Behavioral & Mental Health

- Anxiety
- Behavior (Anger Management)
- Bullying
- Grief
- Life Skills
- Passive or Aggressive Communication
- Peer Pressure
- Problem Solving
- Relationships
- Self Esteem
- Social
- Stress Management
- Substance Use (Drug, Alcohol & Tobacco)
- Other _____

Referring Authority Information:

Name: _____ Position: _____ Phone# _____

Email: _____ Date _____

Please protect the privacy of the individual by protecting the contents annotated on this form, by enclosing it in a sealed envelope.