



New Horizons Referral Form

Student's Name: _____

Grade: _____

Person Referring: _____

Date: _____

Behaviors

Check (✓) all that apply

- Suspected use of alcohol, tobacco, and/or other drugs
- Talks positively about alcohol, tobacco, and/or other drugs
- Communicates poorly with peers
- Communicates poorly with teachers and/or other adults
- Poor decision-making skills
- Easily agitated
- Anger issues
- Failing grades

Comments or other observed behaviors:



Parent/Guardian Permission Letter to Join New Horizons

Date	
School	
Student Name	

I certify that I am the Parent/Legal Guardian of the above mention student and I hereby grant permission for my child to join the New Horizons program.

I understand my child will be attending 12 or more small-group sessions or individual visits.

Topics will include:

- ✓ Self-esteem
- ✓ Decision-making
- ✓ Anger management
- ✓ Coping skills
- ✓ Positive relationships
- ✓ Communication skills
- ✓ Personal responsibility
- ✓ Dangers of alcohol, tobacco and other drugs

Program Goal:

- ✓ *To help students make constructive choices so they may increase positive and responsible behavior both at school and in the community.*

Your child will meet with this school's **assigned Prevention Specialist from DISC Village** at least **one time each week** over lunch or during an elective period (with the exception of test days). Should my child miss any work, he/she will need to make it up. The New Horizons Program also offers in-school tutoring.

X

Parent/Guardian Signature

Date

Prevention Specialist Signature/Credentials

Date

Print Name

Print Name