



Dear Parent and Student,

Let me introduce you to our program which has provided academic services to the community for 30 years. The College of Staten Island Liberty Partnerships Program (CSI LPP). Liberty believes that each student has the ability to achieve their goals when families, schools, and communities participate, and our goal is ensuring that all of our students achieve academic success, graduate high school, and enter their post-secondary careers prepared.

The Liberty Partnerships Program was funded on July 1, 1989 by New York State Higher Education Department, K-16 Initiatives and Access programs. It is a collaborative college-school-community based project which provides a broad range of instructional, enrichment, and support services to at-risk students and their families. The main purpose of the program is to improve the academic, social, and life skills of our students by providing supports and services that ensure they advance to post-secondary education and meaningful employment. The project represents collaboration between the College of Staten Island, Staten Island High Schools, and various community partners. These productive partnerships help to strengthen the relationships between students, teachers, parents, administrators, caseworkers, community organizers, and civic and business leaders. The program fosters continuing communication among members of various institutions, groups, agencies, and bureaucratic systems that influence the lives and education of our students.

Liberty is a comprehensive program which serves the needs of students in grades 5 through 12 and serves more than 300 students annually. **Liberty provides services for students attending the following high schools: Curtis High School, Port Richmond High School, Susan Wagner High School, and Ralph R. McKee Career and Technical High School. We are excited to be joining the school communities at one elementary school, P.S. 78 – The Stapleton Lighthouse Community School, and one intermediate school, I.S. 49 – Bertha A. Dreyfus.** All LPP students are eligible and encouraged to attend our summer enrichment program, Dreamer's Academy, in which students attend and participate in workshops, taught by certified teachers and instructors. Our program is comprised of the following interrelated features and elements:

1. Our well-rounded college students serve as Academic Coaches to work with students under the joint supervision of both school and CSI staff. They provide specific tutorial services, mentoring, academic goal setting, and referrals in individual and small group tutoring and counseling sessions throughout the school day.
2. Our staff members are trained in youth development principles, social emotional learning, *Covey's Seven Habits of Highly Effective People/Teens*, sports-based youth development, among others. They serve as role models, advocates, and mentors to all LPP students.
3. LPP seeks to provide increased support services and referrals to all of its families through the work of the LPP Parent Leadership Team. This allows all LPP families to participate in events, activities, information sessions, and workshops. In addition, parents can take advantage of parent-to-parent self-help support systems, educational, and employment support services, including relevant referrals.
4. Our activities include a wide range of social, emotional, cultural, educational, college, and career supports. Students have the opportunity to take advantage of our technologically advanced campus and its facilities. In addition, all LPP students are encouraged to attend trips throughout the city, upstate, and out-of-state. The focus of all of our activities is to develop, enhance, and refine the academic and social skills of our students through both individual and group experiences.

Thank you so much for considering our program and if you have any questions or concerns, please feel free to contact us. For more information on our program, please visit www.csi.cuny.edu/lpp.

Sincerely,

Shawn D. Landry, LMSW

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STUDENT REFERRAL FORM

Student Information

Last name: _____ First Name: _____ D.O.B. ___/___/_____

OSIS #: _____ Student ID: _____

Address: _____ School: _____ Grade: _____

_____ Apt. _____ Rank in class: _____ Grade average: _____

City: _____ State: _____ Guidance Counselor _____

Zip code: _____ Regent Test Scores – (specify test scores)

Gender: (Please check)

- Male Female

Ethnicity: (Please check)

- Black, non-Hispanic White, non-Hispanic Asian/Pacific Islander
 Hispanic American Indian/ Alaskan Native Other

Please Explain if Other:

Parent / Guardian

Last Name: _____ First Name: _____

Relationship: _____ Telephone(s): Home: _____

Address: _____ Work: _____

_____ Apt. # _____ Cell: _____

Email: _____

College of Staten Island City
University of New York
**Liberty Partnerships Program Student
Contract**

I _____ understand that as a Liberty Partnerships Program student, I will be invested in my academic success. My responsibilities include: actively taking part in a S.M.A.R.T. goal plan that represents my vision of where I want to go and working on the path to get there. I am willing to participate fully in the Liberty Partnerships Program; therefore, I agree to set up an Academic Achievement Plan with my assigned intern and work with the intern to achieve my goals. Together with the Liberty Partnerships Program my priorities include agreement to the following:

1. I will attend all tutoring and counseling sessions, and any other activities necessary to ensure my academic success. Tutoring and counseling sessions will include periodic evaluation of my progress, which will enable me to make any necessary corrections in my S.M.A.R.T. goal plan to meet my goals and objectives.
2. I will attend a variety of the enrichment activities which will be held throughout the year.
3. I will participate in the Summer Program unless I am enrolled in summer school. If I am enrolled in summer school, I will notify the Liberty Partnerships Program.
4. I will attend a minimum of 4 workshops per term.
5. I agree to follow the rules of both the Liberty Partnerships Program and The College of Staten Island.
6. I will respect and treat program staff and my peers in an appropriate manner.
7. I will attend Saturday programs (contingent on funding).
8. I will submit to program staff all required documents (permission slips, etc.) in a timely manner.
9. I understand that my parent(s) / guardian(s) are partners in my educational plan.

I further understand in order to participate in the Liberty Partnerships Program, I agree to all of the above conditions and rules.

Student's Signature Date

Parent's Signature Date

Address

Telephone – Home

Telephone – Cell

Email Address



Referral Information

Referral Source: _____

Eligibility Factors (Check all that apply)

- Unsatisfactory academic performance
- Truancy
- Behavior/Discipline Problems
- Family/Peers have history of dropping out school
- Negative change in family circumstances history of child abuse or neglect
- Homeless/Residence in a shelter or foster care
- History of substance abuse
- Limited English Proficiency
- Teenaged pregnancy and / or Parenting
- Negative Peer Pressure
- PINS/Probation
- Social/Emotional
- Other _____

Interventions Needed

- Tutoring:
- Subject(s) _____

- Mentor
- After School Program
- Counseling
- Home Visits
- Other: _____

Reason / Particulars (*Brief Description*): _____

Recommendations: _____

Intern: _____ Date: _____
Signature Print

Liaison: _____ Date: _____
Signature Print

Certification of Eligibility

I (Program Director / or designee), _____ certify that this student is eligible to participate in Liberty Partnerships Programs.

Signature: _____ Title: _____ Date: _____

Liberty Partnerships Program Basic Student Assessment

Educational:

School _____ Grade level _____

Expected graduation date _____

Does the student have an IEP? Yes or No (Circle One)

Does the student have resource room? _____

Social:

Is the student involved in extracurricular activities? _____

If so, what are they? _____

Who lives with the student and how old are they?

Legal:

Is the student currently a Person in Need of Supervision

(PINS) _____?

If so, please provide probation officer's contact information

(Name and phone number): _____

Has the student ever been arrested? _____ if so, was a

charge issued? _____ was the student convicted?

Please provide any additional details regarding the student's

legal involvement:

Medical:

Does the student have health insurance? _____

If yes, which provider? _____

Do you have a counselor or a therapist? _____

If so, what agency is the student involved with?

Does the student have any medical conditions? _____

If so, please list them: _____

Does the student currently take medication(s)? _____,

If so, please list them:

Has the student experimented with any substances? _____,

if so, please specify.

If the student answered “yes” to the previous question, how

often does the student use substances? Check One:

- Daily
- Weekly
- Once
- Weekends
- Not sure

**College of Staten Island
City University of New York
Liberty Partnerships Program**

PARENT PERMISSION FORM

**All information is confidential and will not be distributed to any other office or program.
Social Security numbers are for Liberty Partnerships Program use only.*

I (we) _____ (Print name of Parent /Guardian)

request that my son/daughter _____ (Print Name of Student)
participate in the Liberty Partnerships Program at _____
(Print Name of School)

I (we) _____ (Print name of Parent /Guardian)
authorize **LPP Staff** (Liberty Partnerships Program) to obtain and review school records,
and understand that records will be used in planning appropriate support services for my
son/daughter. I (we) understand that all information will be kept confidential. I understand
that the school will notify the Liberty Partnerships Program Director in a timely manner, if
any Liberty Partnership Program student is involved or charged with a crime; is seriously ill,
injured, pregnant or will be parenting; deceased; is promoted or put back a grade after
summer school or during the school year; is suspended for disciplinary reasons; is absent
from school for more than 5 consecutive days; drops out of the school for any reason, with
full explanation of a legitimate reason or whatever measures Liberty Partnerships program
interns or school staff took to discourage the student from dropping out.

Provide as requested by New York State Department of Education and Liberty Partnerships
Program staff: student transcripts, report cards, interim progress reports, examination results,
attendance and disciplinary files and any other record deemed necessary to meet student's
needs and complete required reports. Provide the Liberty Partnerships Program with
graduation information including post-graduation plans. It is understood that Liberty
Partnerships Program staff will maintain confidentiality of personal information.

In addition, I _____ authorize the use of photographs and images of and
by my daughter/son/ward to be used for publicity, promotion and fundraising purposes by
Liberty Partnerships Program. This permission expires at the time my child formally in writing
withdraws / Graduates from the Liberty Partnerships Program.

Signature of Parent/Guardian

Date

**This form must be signed by at least one parent/guardian who is legally responsible for
the child.**

- *Original to be kept in program student file.*
- *Copy to be kept on file at school to allow access to report cards and school records.*



PARENT'S CONSENT TO RELEASE OF STUDENT RECORDS

I, _____, am the
parent/guardian of print name

_____, _____
print name of student date of birth

who attends/attended the New York City _____
 student ID #

Public Schools in _____.

The last school he/she attended year/time period was/is

name and address of school

in _____.
Borough

The student is under the age of 18. (Please provide any additional information that might be helpful in locating the student records (e.g., address or name, if different when he/she attended)):

I, give consent to the New York City Department of Education to release my child's student records including specific records to provide as requested by New York State Department of Education and College of Staten Island, Liberty Partnerships Program staff. The following records: student transcripts, report cards, interim progress reports, examination results, attendance and disciplinary files and any other record deemed necessary to meet student's needs and complete required reports. Provide the Liberty Partnerships Program with graduation information including post-graduation plans. It is understood that College of Staten Island, Liberty Partnerships Program staff will maintain confidentiality of personal information.

Provide name and address of person, agency, or company: **College of Staten Island, Liberty Partnerships Program, 2800 Victory Blvd. Staten Island, New York 10314.**

Purpose of disclosure: The main purpose of the program is to increase the motivation and ability of the students to go on to post-secondary education and meaningful employment. The purpose of this disclosure is to assist the students in their academic social and emotional growth.

Signature of parent/guardian

date