Dear Parent and Student,

Let me introduce you to our program which has provided academic services to the community for more than 25 years. College of Staten Island Liberty Partnerships Program believes that each student has the ability to achieve their goals when families participate. This program is a partnership with your family to assist your child in graduating high school prepared for their post secondary goals of furthering their education or beginning their careers.

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 increase the motivation and ability of the students to go on to post-secondary education and meaningful employment.

The College of Staten Island Liberty Partnerships Program is a comprehensive program which serves the needs of at-risk students in grades 7 through 12 and serves more than 300 students annually at four schools, Curtis High School, New Dorp High School, Port Richmond High School, and Susan Wagner High School and services students through our new Saturdays Dreamers Academy.

The project represents collaboration between the College of Staten Island, Staten Island High Schools, the Staten Island Urban League, and various partners throughout the community. These productive partnerships help to strengthen the relationships between students, teachers, parents, administrators, caseworkers, community organizers, and civic and business leaders. The project fosters continuing communication among members of various institutions, groups, agencies, and bureaucratic systems that influence the lives and education of our students.
The program will continue to improve services for students, increase parental involvement, and enhance the professional development of the teacher and staff who work with the students.

Our Liberty Partnerships Program (LPP) includes the following interrelated components and initiatives.

1. Eight college interns work with students under the joint supervision of school staff and CSI faculty. They provide tutoring, counseling, home visits, mentoring and referrals in individual and small group tutoring and counseling sessions throughout the school day. They are also available to students to pursue their education and even advance to post graduate studies and/or employment.

2. Supervised and trained college students and/or community mentors are paired with students who are at-risk of not reaching their academic potential because of poor attendance or other factors. The mentors serve as role models, friends, and advocates.

3. The program continues to provide increased support services and referrals to LPP parents and family members through the activities of the LPP Parent Club. The club allows parents to take advantage of our parent-to-parent self-help support system, parent-student-teacher activities, voter registration drives, guest speakers, parent educational and career training programs.

4. The enrichment activities offered to the students include a wide range of social, cultural, educational, career oriented and fun activities. Students have the opportunity to take advantage of our technologically advanced campus and facilities as well as attend trips throughout the city and out-of-state. The focus of our enrichment program is to enhance the knowledge and backgrounds of our students by providing them with exposure to various activities, place and events.

Thank you so much for considering our program for your child. Please call the office with further questions about the program. (718) 982-2352

Sincerely,

Shawn D. Landry MPA, MSW

Program Director
CSI Liberty Partnerships Program
2800 Victory Blvd. 2A-204
Staten Island, NY 10314
Tel: 718-982-2157
Fax: 718-982-2353
Shawn.Landry@csi.cuny.edu
### 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) |
| | ____________________ | |

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**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: ___________________________ |
| Other: ___________________________ |
Referral Information

Source: _________________________________

### Eligibility Factors (Check all that apply)

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<thead>
<tr>
<th>Factor</th>
<th>Interventions Needed</th>
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<tbody>
<tr>
<td>☐ Unsatisfactory academic performance</td>
<td>☐ Tutoring:</td>
</tr>
<tr>
<td>☐ Truancy</td>
<td>☐ Subject(s)_________</td>
</tr>
<tr>
<td>☐ Behavior/Discipline Problems</td>
<td>_________________</td>
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<tr>
<td>☐ Family/Peers have history of dropping out school</td>
<td>☐ Mentor</td>
</tr>
<tr>
<td>☐ Negative change in family circumstances history of child abuse or neglect</td>
<td>☐ After School Program</td>
</tr>
<tr>
<td>☐ Homeless/Residence in a shelter or foster care</td>
<td>☐ Counseling</td>
</tr>
<tr>
<td>☐ History of substance abuse</td>
<td>☐ Home Visits</td>
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<tr>
<td>☐ Limited English Proficiency</td>
<td>☐ Other:</td>
</tr>
<tr>
<td>☐ Teenaged pregnancy and / or Parenting</td>
<td>_____________________</td>
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<tr>
<td>☐ Negative Peer Pressure</td>
<td>_________________</td>
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<tr>
<td>☐ PINS/Probation</td>
<td>☐ Other:</td>
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<tr>
<td>☐ Social/Emotional</td>
<td>_____________________</td>
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<tr>
<td>☐ Other__________________</td>
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### 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 Partnership Program
Student Questionnaire

Date:__________

Name
______________________________

Address
______________________________

Apt # ___ Zipcode:_____________

Phone Number______________ Cell Number_______________ Email: ____________

Educational Assessment:

Name of school you attend______________________________________________________

What grade are you in currently: __________

When do you expect to graduate? _____________

Do you have an Individual Educational Plan □ Yes or □ No

Do you have resource room? ________________

Do you plan to go to college? ______________

If yes, what colleges are you interested in? _________________________________________

Every LPP student receives free tutoring. In which subjects would you like to receive tutoring?
______________________________________________________________________________

I can tutor another student in _____________________________.

Subject

Are you involved with any teams or clubs at school if so please describe them:
______________________________________________________________________________
______________________________________________________________________________
I have talents and skills in:
______________________________________________________________________________

My Future plan is:
______________________________________________________________________________

Use three words that describe you ____________________ ____________________
__________________.

Name something you have done that you are proud of:
______________________________________________________________________________

______________________________________________________________________________

**Personal Information**

1. How many people live with you? ________

2. Who lives with you and how old are they?

______________________________________________________________________________

3. Where were you born? ______________________ if not in the United States, how long have you lived in the United States ________________________________.

**Medical Information:**

1. Do you Health Insurance ________ If yes, which company___________________

2. Do you have a Counselor or Therapist? ____________

3. If so, at what agency are you involved with? ________________________________

4. Do you have any Medical Conditions? ________________________________

5. Do you currently take Medication? ________________________________

6. Have you experimented with substances? ____________If so, what substances have you tried: __________________________________________________________________

7. How often do you do this: □ Weekends □ Daily □ Everyday □ Once □ Not sure

8. Do you do this alone or with friends? ________________________________
**Legal Involvement**

1. Are you currently a Person in Need of Supervision (PINS) ________?

   If so, please list your probation officer’s name and telephone number

   _______________________________________________________

2. Have you ever been arrested? _____ If so what was the charge:

   _______________________________________________________

3. Have you been convicted? _____

   If so what was your sentence? ______________________ And at what location______________________________

4. Do you have any continuing contact with a probation officer ________________________________?

**Enrichment Activities:**

A variety of trips are being organized this year.

1. Are you interested in going on LPP trips? __________________

2. If no, why not? ________________________________

3. Finally, please tell us some of your interests. This may help us arrange trips and activities, which may be of interest to you.

   _______________________________________________________

   _______________________________________________________

Thank you for your cooperation.
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 participate as a partner for my academic success. My responsibilities include actively taking part in a 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 deemed 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 Academic Achievement 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 meet regularly with a Liberty Partnerships Program intern.
4. I will attend a minimum of 4 workshops per semester.
5. I am aware that I must register for the Kudos Award Program.
6. I agree to follow the rules of both the Liberty Partnerships Program and The College of Staten Island.
7. I will respect and treat program staff and my peers in an appropriate manner.
8. I will attend Saturday programs (contingent on funding).
9. I will submit to program staff all required documents (permission slips, etc) in a timely manner.
10. 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.

<table>
<thead>
<tr>
<th>Student’s Signature</th>
<th>Date</th>
<th>Parent’s Signature</th>
<th>Date</th>
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<thead>
<tr>
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<th>Email Address</th>
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</table>
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 ________________________________, date of birth ________________________________,
who attends/attended the New York City Public Schools in ________________________________.

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

Name and address of school ________________________________.

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