

# LIGHTHOUSE PROGRAM

2020-2021 Referral Form  
School Referral Part I

Please note!

This referral will not be processed unless Parent/Guardian Form (PART II) is also submitted.  
When complete, scan and email to [jaydnmcss@racker.org](mailto:jaydnmcss@racker.org) or fax this form to 257-2510.  
With questions, please contact Jayden McCune at [jaydnmcss@racker.org](mailto:jaydnmcss@racker.org) or 257-1555 ext. 5046.

Date of Referral: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Birthday: \_\_\_\_\_

Student's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Current Student Attendance Option:  In person  Virtual  Other: \_\_\_\_\_

Primary School Point of Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Role: \_\_\_\_\_

Secondary School Point of Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Role: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Please 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 (if available) |  |
| <input type="checkbox"/> Immunization Record    | <input type="checkbox"/> Google Classroom Codes              |  |

How will Lighthouse benefit this student?

How would you know that an admission has been successful for this student?

### Student's Strengths

- Academics
  - Has Positive Peer Relationships
  - Forms Positive Relationships with Adults
  - Empathetic
  - Strong Value System
  - Follows School Rules
  - Other Strengths:
- Accepts Responsibility
  - Honest
  - Good Sense of Humor
  - Accepts Consequences
  - High Self Esteem
  - Involved with extra-curricular activities  
(please list):

### Student's Challenges

#### Behavior

- History of ISS/OSS
- Verbal Aggression
- Physical Aggression
- Sexualized behaviors
- Impulsive
- Withdrawn
- Hyperactive
- Alcohol/Drug Use  
(please list):

#### Home

- Death/Loss
- Separation/Divorce
- Conflict
- Trauma
- Home/School Relationship

Other Challenges:

#### School

- Academic Progress
- Organization Skills
- Peer Relations
- Authority Figure Relationships
- Poor Attention
- Attendance
- New/Transition Student

#### Emotional

- Sad
- Nervous/Anxiety
- Angry
- Mood Swings
- Fearful
- Recent Psychiatric Hospitalization
- Self-Injury
- Suicidal Ideation

### **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

Please identify specific times when the concerns are not interfering with the student's success:

Please identify the adults in the school that the student would identify as a support person.

Name and Position:

Name and Position:

## LIGHTHOUSE PROGRAMS

2020-2021 Referral Form  
Family Referral (Part 2)

### What is the Lighthouse Program?

The Lighthouse Program gives students the opportunity to be in a small academic setting for six weeks and to get extra support so that they can be more successful in school. The goal is for students to return to their home school program unless another program better fits their needs.

The program is for students from 6th through the 12th grades. There are no more than six students in the program at one time due to COVID restrictions. Our staff includes a teacher, teaching assistant and a social worker. Masks will be required at all times in the classroom other than while eating or drinking and students will maintain 6 feet of distance between one another. Free meals (breakfast and lunch) will be brought to the classroom by staff. We will eat outside with social distancing if weather permits.

### How would the program help me?

Lighthouse could help me...

- Get caught up on my work.
- Learn skills to help me cope better in the future.
- Get extra support and attention
- Get a chance to start over and have a new beginning.
- Be away from drama so I can focus on myself.

### What is the academic part like?

At Lighthouse you would work on academics from all of your classes from your home school. All work comes from your teachers and is returned to them for grades. Dependent on your choice of in-person or distance learning, work would be completed independently with help from the teacher or teacher assistant either in person or virtually. If you are in person at BOCES, you would be in the same class all day, including lunch time. Pending home district busing, the day begins at 8:30 and ends at 2:15-2:35.

### What is the therapy part like?

You would meet with a social worker once a week for counseling. You would also attend group one time a week with the staff and other students. If you are doing distance learning, the social worker will arrange a time to meet with you weekly and we will include you in the group counseling as scheduling allows.

### How much is my family involved?

Your family would be involved from the beginning to the end. The social worker or teacher would have at least weekly contact, usually more, with your family.

### How do I learn more about the program?

If you would like to know more about the program or have questions, contact Jaydn McCune at [jaydnmcss@racker.org](mailto:jaydnmcss@racker.org) or 257-1555 ext. 5046.

*I have read and understand what it means for my child to participate in Lighthouse.*

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Signature

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Date

# LIGHTHOUSE PROGRAMS

2020-2021 Referral Form  
Family Referral (Part 2) Continued

Please answer all of the questions so that we can best support your child and family.  
With questions, please contact Jayden McCune at [jaydnmcss@racker.org](mailto:jaydnmcss@racker.org) or 257-1555 ext. 5046.

	Date of Completion: _____
Name of Student: _____	Birthday: _____
Student's School: _____	Grade: _____

Parent/Guardian: _____	Phone: _____
Address: _____	Email: _____
Parent/Guardian: _____	Phone: _____
Address: _____	Email: _____

Emergency Contact (other than self): \_\_\_\_\_

Phone: \_\_\_\_\_ Role: \_\_\_\_\_

Emergency Contact (other than self): \_\_\_\_\_

Phone: \_\_\_\_\_ Role: \_\_\_\_\_

How would you know that an admission had been successful for your child?

### My Child's Strengths

- |   |   |
|---|---|
| <input type="checkbox"/> Academics                                | <input type="checkbox"/> Accepts Responsibility                                   |
| <input type="checkbox"/> Has Positive Peer Relationships          | <input type="checkbox"/> Honest   |
| <input type="checkbox"/> Forms Positive Relationships with Adults | <input type="checkbox"/> Good Sense of Humor                                      |
| <input type="checkbox"/> Empathetic                               | <input type="checkbox"/> Accepts Consequences                                     |
| <input type="checkbox"/> Strong Value System                      | <input type="checkbox"/> High Self Esteem   |
| <input type="checkbox"/> Follows Home Rules                       | <input type="checkbox"/> Involved with extra-curricular activities (please list): |

Other Strengths:  
Additional Comments:

My Child's Challenges

Behavior

- History of ISS/OSS
- Verbal Aggression
- Physical Aggression
- Sexualized behaviors
- Impulsive
- Withdrawn
- Hyperactive
- Alcohol/Drug Use (please list):

Home

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School

- Academic Progress
- Organization Skills
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Emotional

- Sad
- Nervous/Anxiety
- Angry
- Mood Swings
- Fearful
- Recent Psychiatric Hospitalization
- Self-Injury
- Suicidal Ideation

**Additional Comments:**

My main contact at the school is:

Community Supports:

My child attends mental health counseling. Yes No

If yes, they attend at

- Tompkins County Mental Health Clinic
- Family and Children Services
- Private Practice

Name of Counselor: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Other agencies/programs that support my child are (please include contact information):

- PINS (Person in Need of Supervision)
- DSS (CPS or Preventive Services)
- DAP (Dispositional Alternatives Program)
- MST (Multisystemic Therapy)
- Drug and Alcohol Program
- Youth Bureau
- GIAC
- Southside Community Center
- Children's Health Home/Care Management
- Other:

**Health Information**

Is your child on medication? Yes No

What medication is prescribed?

Who is the prescriber?

Does your child need an EPI pen or inhaler, or take any medications during the school day?

Yes No

My child has the following medical condition(s)

- Asthma
- Severe Allergies (insect stings, environmental, food, etc.)
- Diabetes
- Eating Disorder
- Gastro Intestinal problems
- Other:

**PERMISSION TO PARTICIPATE IN A TRIAL DAY(S) AT LIGHTHOUSE**

I understand that every student that is interested in joining the Lighthouse Program will attend for a trial day or days before making a decision about whether the program feels like a good fit for them. I will bring my child's prescription(s) and medication prior to or on the morning of the trial day. I give permission for my student to participate in a trial day(s) at Lighthouse.

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Parent/Guardian Signature

Date

**RELEASE OF INFORMATION:**

I give permission for my child to be referred to the Lighthouse Program and for the referring school to share information with the Program Staff. I understand that the Program Staff may observe my child at their school and speak with school staff. I understand that some of the school records that can be sent to the Program are:

*IEP/504 Plan if applicable*

*School attendance records*

*Student's transcript*

*Student's schedule*

*Student's discipline records*

*Psychological assessment (if available)*

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Parent/Guardian Signature

Date