

## LIGHTHOUSE PROGRAMS

Referral Form

### Family Referral (Part 2)

#### What is Lighthouse?

Lighthouse is a program designed to help students become more successful in school. It is a small classroom with at most 8 students at a time. The students who come to Lighthouse are in middle school and high school. Each student chooses to join the classroom voluntarily for 6 weeks and then transitions back to their home school.

The classroom has a teacher, teaching assistant who help students with work from their home school and build skills to become a better student. The classroom also has a social worker who provides therapy and helps students build skills to manage the social and emotional challenges that come with going to school.

#### What is the academic part like?

At Lighthouse, our goal is to help students gain academic confidence, learn executive functioning skills, and to focus on the goals set by both the home school and the students. All academic work comes from the students' current teachers and is returned to them for grades. With the support from our classroom teacher and teacher assistant, students progressively begin to work independently on their goals. The program includes approximately 3 academic hours of study, and 40 minutes a day participating in specials such as Art, Music, and Library. Additionally, students will participate in PE, three times a week and will receive credit for their full participation.

#### What is the therapy part like?

Students will work with a social worker in 1:1 counseling. They will also attend group counseling during the week with the staff and other students. Counseling is primarily focused on building Cognitive Behavioral Therapy and Dialectical Behavioral Therapy skills students can use when they return to their home schools including cognitive restructuring, distress tolerance, acceptance and mindfulness. Our social worker is integrated into the classroom and is able to provide therapeutic support and create safety for students throughout the day.

#### How much is family involved?

Families are involved from the beginning to the end. Family involvement is one of the keys to success in the program. The social worker and/or teacher have at least weekly contact, usually more, with the family to provide updates on student success and challenges, psychoeducation, and community resources. Families are also supported in building stronger relationships with the school and included in the meetings and conversations, especially those involving transition planning and student needs.

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

If you would like to know more about the program or have questions, contact Cathryn Sellers at [cathryns@racker.org](mailto:cathryns@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 PROGRAM

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 Lighthouse Program Director Cathryn Sellers at [cathryns@racker.org](mailto:cathryns@racker.org) or 257-1555 ext. 5046 with any questions

Please answer all of the questions so that we can best support your child and family.

Today's Date:	Birthdate:
Student Legal Name:	Student Pronouns:
Student Preferred Name:	Student Gender Identity:
Student's School:	Grade:
Student Race/Ethnicity:	

Parent/Guardian:	Phone:
Address:	Email:
Preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email	
Primary Language:	Best day/time to reach me:
Parent/Guardian:	Phone:
Address:	Email:
Preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email	
Primary Language:	Best day/time to reach me:

Emergency Contact (other than self):	
Phone:	Role:

My main contact at the school is:

Please identify adults in the school your student would identify as a support person:

Name and Relationship:

Name and Relationship:

**Student 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"/> 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 extracurricular activities |
| <input type="checkbox"/> Other Strengths (please list):           | (please list):  |

**Additional Comments:**

**Current Challenges for Student**

- | <b><u>Behavior</u></b>                        | <b><u>Home</u></b>  | <b><u>School</u></b>                                    | <b><u>Emotional</u></b>              |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> History of ISS/OSS   | <input type="checkbox"/> Death/Loss                         | <input type="checkbox"/> Academic Progress              | <input type="checkbox"/> Sad         |
| <input type="checkbox"/> Verbal Aggression    | <input type="checkbox"/> Separation                         | <input type="checkbox"/> Organization Skills            | <input type="checkbox"/> Anxious     |
| <input type="checkbox"/> Physical Aggression  | <input type="checkbox"/> Divorce                            | <input type="checkbox"/> Peer Relations                 | <input type="checkbox"/> Angry       |
| <input type="checkbox"/> Sexualized behaviors | <input type="checkbox"/> Conflict                           | <input type="checkbox"/> Authority Figure Relationships | <input type="checkbox"/> Mood Swings |
| <input type="checkbox"/> Impulsive            | <input type="checkbox"/> Trauma                             | <input type="checkbox"/> Attention                      | <input type="checkbox"/> Fearful     |
| <input type="checkbox"/> Withdrawn            | <input type="checkbox"/> Home/School Relationship           | <input type="checkbox"/> Attendance                     | <input type="checkbox"/> Stressed    |
| <input type="checkbox"/> Hyperactive          | <input type="checkbox"/> Recent Psychiatric Hospitalization | <input type="checkbox"/> New Student                    | <input type="checkbox"/> Nervous     |
| <input type="checkbox"/> Alcohol/Drug Use     |   |   | <input type="checkbox"/> Isolated    |
| <input type="checkbox"/> Self-Injury          |   |   | <input type="checkbox"/> Lonely      |
| <input type="checkbox"/> Suicidal Ideation    |   |   |                                      |

**Additional Comments:**

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

**Community Supports\*:**

My child attends mental health counseling.  Yes  No

If yes, they attend:

- 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):**

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

**Health Information**

Is your child taking medication?  Yes  No

What medication is prescribed?

Who is the prescriber?

Does your child need an EpiPen 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
- Gastrointestinal problems
- Other (please list):

**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)*

<b>Parent/Guardian Name</b>	<b>Date</b>
Print:	
Signature:	

\*Once enrolled in the program you may sign Releases of Information (ROI) so that we may contact outside supports. Prior to that we do not communicate with anyone except the school district.