



The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
Office of K-16 Initiatives and Access Programs  
Pre-Collegiate Preparation Programs Unit  
Albany, New York 12234



## Liberty Partnerships Program 2006-2007 Interim Report

Name of Institution:		Date report submitted:
Name of LPP project:	Project Number: <b>0655-07 -</b> _____	
Mailing Address:		
Name of LPP Director:	E-mail address:	
Fax Number:	Telephone number (include area code & extension)	

***A person who is knowledgeable about the information in this report must be available to respond to questions between February 9, 2007 and March 30, 2007.***

### Signatures

_____	_____
Director/Administrative Officer	Date
_____	_____
Chief Executive Officer	Date

***Please return an original and one (1) copy to:***

New York State Education Department  
Pre-Collegiate Preparation Programs Unit  
Room 965 Education Building Addition  
Albany, New York 12234

**Note:** If your grant is funded through a CUNY/SUNY Research Foundation, you must submit a copy of this report to the appropriate foundation liaison.

***Due Date: February 23, 2007***

**Table of Contents**

	Assurance of Liberty Partnerships Program Student Eligibility
Table 1	Roster of Schools Attended by LPP Students
Table 2	Roster of Participating Organizations
Table 3	LPP Student Enrollment Roster
Table 3A	LPP Student Distribution by Gender, Ethnicity and Grade Level
Table 4	Report of Services Provided to Students Between July 1, 2006 and August 31, 2006
Table 4A	Report of Services Provided to Students Between September 1, 2006 and December 31, 2006
Table 5	Summary of Summer Home Visits and Referrals
Table 6	Description of LPP Summer Mentoring Component
Table 7	Anecdotal Remarks

**Program Year 2006-2007**

**Assurance of Liberty Partnerships Program Student Eligibility  
For All Students Who Participated in Your LPP Project  
Between July 1, 2006 and December 31, 2006**

The Liberty Partnerships Program has two purposes: (1) to identify students considered to be at risk of dropping out of school; and (2) to provide those students with services designed to increase their motivation and ability to complete secondary education and to seek entry into postsecondary education and/or meaningful employment.

Eligible students are New York State residents enrolled in public or nonpublic schools who are at risk of dropping out of school as measured by:

- Unsatisfactory academic performance
- Inconsistent, poor attendance or truancy
- Behavior/discipline problems
- Family/peers have history of dropping out of 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
- Other documented factor(s)

**I certify that all students listed in this report are eligible to participate in the Liberty Partnerships Program. I further certify that eligibility documentation is on file at this institution or agency for each LPP student.**

\_\_\_\_\_  
Project Director's Name (please type or print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# LPP INTERIM REPORT

July 1, 2006 – December 31, 2006

Institution Name: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

**TABLE 1: ROSTER OF SCHOOLS ATTENDED BY LPP STUDENTS**

List all schools attended by students participating in your LPP. If additional space is needed, please copy this page.

Line No. (1)	Name and Address of School (2)	Is there a signed MOA* between the school and your LPP?		Priority Category: CSIP, Rural AIDP, Community Schools, SURR (5)	No. of Students from School Participating in LPP between July 1, 2006 & December 31, 2006 (6)	Grade Levels Served by LPP (7)	School BEDS Code (8)	County or Borough of School (9)	Senate and Assembly District ***	
		Yes (3)	No (4)						S (10)	A (11)
1.										
2.										
3.										
4.										
5.										

\*MOA = Memorandum of Agreement NOTE: A partnership school is one which has signed a memorandum of agreement with your institution's LPP. A non-partnership school is one that is attended by students served by your LPP, but for which there is no MOA.

\*\* S = Senate A = Assembly NOTE: Your local board(s) of election can provide senate and assembly district numbers by street address, borough, city, or township.

# LPP INTERIM REPORT

July 1, 2006 – December 31, 2006

Institution Name: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

**TABLE 2: ROSTER OF PARTICIPATING ORGANIZATIONS**

List all Partner organizations providing services to students participating in your LPP. If additional space is needed, please copy this page.

Line No. (1)	Name and Address of Partner (2)	Enter Organization ID Code* (3)	Is there a signed MOA* between the Organization and your LPP?		No. of LPP Students Served by Organization Between July 1, 2006 & December 31, 2006** (6)	Grade Levels Served by Organization (7)	County or Borough of Organization (9)	Brief Description of Services Provided (10)
			Yes (4)	No (5)				
1.								
2.								
3.								
4.								
5.								

Partner Organization Code: (1) Local government agency; (2) college/university; (3) not-for-profit community based organization; (4) business; (5) community/fraternal service organization, Rotary clubs, Fraternities, Sororities, American Legions, Masonic Lodges, etc.

\*\* MOA = Memorandum of Agreement NOTE: A partnership organization is one which has signed a memorandum of agreement with your Institution's LPP.

\*\*\* The program year begins July 1, 2006 and ends June 30, 2007, SU – Summer: July 1, 2006 – August 31, 2006; AY = Academic Year: September 1, 2006 – December 31, 2006

\*\*\*\* S = Senate A = Assembly NOTE: Your local board(s) of election can provide senate and assembly district numbers by street address, borough, city, or township.

**TABLE 3: LPP STUDENT ENROLLMENT ROSTER**

**Only list students who were enrolled in this project between July 1, 2006 and December 31, 2006.**

Line No.	Last Name, First Name, MI (List in Alphabetical Order)	School	Social Security Number	Student Participated in*		Ethnicity Code	Gender Code	Date of Birth	Date of First Entry into LPP	Grade Level as of Sept. 1, 2006	Was student Promoted as of the end of the 2006-07 School Year? (Yes or No)	Student Status Continuing (C) New (N) Readmit (R) Inactive (I) Transfer (T)	Program Separation	
				SU	AY								Code(s)	Date
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1														
2														
3														
4														
5														
6														
7														
8														
9														

Ethnicity Codes: (1) Black (non-Hispanic); (2) Hispanic; (3) White (non-Hispanic); (4) Native American/Alaskan Native; (5) Asian/Pacific Islander; (6) Other

Gender Codes: (M) Male (F) Female

Separation Codes: (E) Employment; (F) Family Responsibilities; (WS) Withdrew from School; (TI) Transferred into another LPP; (TO) Transferred Out of Service Area; (M) Medical; (DS) Dissatisfied with Service; (EA) Involved in Other Extracurricular Activities; (I) Incarcerated; (D) Deceased; (O) Other, please explain; (GC) Graduated, Plans to Attend College; (GE) Graduated, Employed; (GA) Graduated, Armed Services; (G) Graduated, Other Plans; (GU) Graduated, Plans Unknown

\* NOTE: SU = Summer: July 1, 2006 – August 31, 2006 AY – Academic Year: September 1, 2006 – December 31, 2006

\*\* Inactive students are students who were on the 2005-2006 LPP Final Report and did not participate in the 2006-2007 LPP activities.



**TABLE 4: REPORT OF SERVICES PROVIDED TO STUDENTS BETWEEN SEPTEMBER 1, 2006 AND DECEMBER 31, 2006**

List all students who were enrolled in this project between September 1, 2006 and December 31, 2006. The students reported on this Table must be the same students reported on Table 3, column 6 and all inactive students.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
Line No.	Last Name, First, MI (List in Alphabetical Order)	Ethnicity	Gender	Grade as of Sept. 1, 2006	Student Eligibility Code(s)	<i>Enter # of hours of service students received between Sept. 1 and Dec. 31, 2006</i>						<i>Enter the Number of Contacts</i>		
						Academic Support Services	<i>Counseling Services</i>			Workforce Preparation	Cultural Enrichment/ Sports Programs	Mentoring Services	Student Family Outreach*	Student Advocacy
							Academic	College, Career/ Financial Aid	Personal/ Family					
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

Ethnicity Codes: (1) Black (non-Hispanic); (2) Hispanic; (3) White (non-Hispanic); (4) Native American; (5) Asian/Pacific; (6) Other

Gender Codes: (M) Male (F) Female

Student Eligibility Codes: (1) Unsatisfactory academic performance; (2) Inconsistent, low attendance or truancy; (3) Behavior/discipline problems; (4) Family/Peers have history of dropping out of school; (5) Negative change in family circumstances; (6) History of child abuse or neglect; (7) Foster care/homeless/residence in a shelter, (8) History of substance abuse; (9) Limited English Proficiency; (10) Teenaged pregnancy of parenting; (11) Negative peer pressure; (12) Other documented factors.

\*Outreach includes home visits to all LPP students and/or documented efforts to retrieve inactive students.

**Table 5: Summary of Summer Home Visits and Referrals**

Include only those students who received home visits and referrals between July 1, 2006 and August 31, 2006

**PART A: HOME VISITS**

Line No.	Grade Level	No. of Students Visited	No. of Home Visits	REASON(S) FOR HOME VISIT(S)**						
				Routine Visit	Academic	Discipline	Attendance	Family Related	Health Related	Other***
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	5									
2	6									
3	7									
4	8									
5	9									
6	10									
7	11									
8	12									
9	U*									
10	Total									

\*Ungraded Students

\*\* There may be multiple reasons for home visits; please count each visit in each category (columns 5 to 11) that applies

\*\*\*Please identify "Other" \_\_\_\_\_

**PART B: REFERRALS**

Line No.	Grade Level	No. of Students Referred	Health Related	TYPE(S) OF REFERRALS						
				Social Services	Legal	Employment	Other Prog. Within School**	Family Counseling	Education Related	Other***
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	5									
2	6									
3	7									
4	8									
5	9									
6	10									
7	11									
8	12									
9	U*									
10	Total									

\*Ungraded Students

\*\*Please identify "Other Programs with School" \_\_\_\_\_

\*\*\*Please identify "Other" \_\_\_\_\_



