

REGULATION OF THE PRINCIPAL

Category: **STUDENTS**

Issued: June 28, 2017

Number: EDU-R-300

Subject: ADVISING AND COUNSELING

INTRODUCTION

Fei Tian Academy of the Arts-Middletown (FTAA-MT) is a NY State certified nonpublic school that emphasizes academic excellence and high moral standards.

The Advising and Counseling Department at FTAA-MT has designed a advising and counseling program to address students' educational and non-educational concerns and issues such as:

Relationships

Suicide

Student Conflicts

Sexuality

Academic Issues

Family Issues (e.g. conflict, divorce, abuse) School-Related Stress

Crisis Intervention

Follow-up from Discipline Interventions

Substance Abuse/Safety Issues/Violence Prevention

Peer Pressure

Career

Indecision

Anger Management

IEP Related Issues

Our staff counselors will address the above issues within the boundaries of their education, expertise, and experience. In addition, the advising and counseling department will establish relationships with community specialists such as psychologists, psychiatrists, and/or mental illness treatment centers, for additional support when needed.

FOUNDATION/MANAGEMENT

This advising and counseling program is designed in accordance with the NY Education Commissioner's regulation 100.2 (j)(2), which requires nonpublic schools to create a advising and counseling program. The NY State Education Department does not provide a specified format for the overall program, therefore, FTAA-MT has set the following mission and objectives:

Mission: In support of FTAA-MT's mission and goals, the counseling staffs' mission is to assist students in the recognition and development of their unique abilities by encouraging an individual approach to educational and career goals, respect for diversity, and the development of effective personal/social relationships.

Objectives:

- To prepare students to participate effectively in the current educational program and in life;
- To prepare students to participate effectively in their future educational program and their lives;
- To help students who exhibit attendance problems;
- To help students who exhibit academic problems;
- To help students deal with family issues that impact their education and life;
- To encourage parental involvement;
- To preserve and support the social and emotional health of all children.

ROLE OF SCHOOL COUNSELOR

The Principal recognizes that counseling is a confidential relationship in which the counselor meets with students individually and in small groups to help them resolve or cope constructively with their problems and developmental concerns.

The school counselor will address students' needs comprehensively through the implementation of differentiated attention to age-specific developmental stages of student growth, and the needs, tasks and students' interests related to those stages.

The counselor may use various methods including group activities, consultation, and coordination.

Group Activities

Group activities are planned, developmental programs designed to foster students' academic, career and personal/social development. They are provided for students through a collaborative effort by counselors, teachers, administrators, career center staff and outside agencies.

Group activities may include:

- Student orientation for transitions (middle school, high school and post-graduation planning)
- Parent orientations for transitions (middle school, high school and post-graduation planning)
- Classroom guidance (e.g. testing, scheduling, post-graduation planning)
- Academic planning-Course selections
- Standardized test interpretation
- Mediation
- Conflict resolution
- Psycho/social issues (e.g. anger management, stress, study skills, relationship issues.
- Career development and planning.

Consultation

Consultation is a collaborative partnership in which the counselor works with parents, teachers, administrators, school psychologists, social workers, visiting teachers, medical professionals and community health personnel in order to plan and implement strategies to help students be successful in the education system. School counselors typically:

- Consult with other school personnel with regard to Special Education classification, AIS and RTI (Response to Intervention) services.
- Consult with and serve as the liaison between teachers, parents and students to work towards student academic and personal success (e.g. parent conferences)
- Consult with teachers regarding student motivation, classroom management, academic progress, placement and interventions.
- Consult with parents with regard to student progress, scheduling and transition planning, post-graduate planning, personal, social and school issues.
- Consult with administrators with regard to student behavior, attendance, the scheduling process, referral to outside programs and student progress and placement.
- Consult with students with regard to personal/social skills, career development, scheduling, graduation and post-graduation planning.
- Consult with outside agencies with regard to additional service for students.*

*Students who are experiencing serious symptoms or behavior patterns that cannot be fully addressed by the school advising and counseling department must be referred to the appropriate outside professional or agency as soon as reasonably diagnosed. FTAA shall not be responsible for treating serious or major psychological symptoms that require prolonged psychiatric treatment or admittance in a mental illness facility.

The advising and counseling department must immediately notify the parent/guardian via telephone or email to arrange an in-person meeting with the counselor and the principal. The counselor must also prepare a written report that details the student's symptoms and recommendations for further treatment. The counselor must present the report to the parent/guardian upon request or at the meeting. All parents/guardians must complete a "Mental Illness Notification Form" (Exhibit A) to release the school from responsibility for care and treatment of the seriously ill student.

If a parent/guardian refuses to take responsibility for the care of his/her child, the school must notify Orange County Social Services at 845-346-1120. If the student requires immediate psychiatric care, the school must transfer the student to the appropriate treatment facility immediately, then follow up with either the parent/guardian or Social Services if necessary.

Staff and Faculty Support

Any member of staff or faculty who is aware of a student suspected to be experiencing mental difficulties should report it to the counseling services office by submitting a Teacher Referral Form for Counseling (Exhibit B)

Following the report, a representative from the counseling services office will conduct an evaluation and provide a written report to the principal.

The principal shall immediately contact the parent/guardian and arrange an in-person visit to discuss the appropriate course of action, which could include:

- referral for professional assistance from an outside treatment facility,
- continued visits with school counseling services,
- immediate removal of the student from lessons if their remaining in class is likely to cause further distress to themselves or their peers,
- in the case of an acutely distressed student, the immediate safety of the student is paramount and an adult should remain with the student at all times until the appropriate assistance can be obtained,
- if a student has self-harmed in school the nurse should be called for immediate help.

INQUIRIES

Inquiries pertaining to this regulation should be addressed to:

Telephone:	Advising and Counseling	Email:
1+ (845) 341-1935	42 Jason Place	contactus@feitianacademy.org
	Middletown, NY 10940 USA	

Exhibit A

Mental Illness Notification Parent/Guardian Notification

I have been notified that my child, _____, has stated that s/he
is _____

_____. It has been strongly recommended
that I seek immediate psychiatric assistance for my child and that Fei Tian Academy of the Arts will
NOT assume responsibility for this serious concern.

In addition, I have been advised by Fei Tian to submit a physician's note to Fei Tian indicating the
diagnosis and the length of time my child may be medically absent from school. I understand that it is
my responsibility to request home instruction for my child from my local public school district, if
necessary.

Upon request, the Fei Tian principal will assist me in coordinating home instruction for my child. I
have been provided with contact information for medical and mental health professionals in
_____.

In order to assist my child, I agree to arrange to immediately take him/her to a qualified mental health
professional for assistance and immediately contact my local public school district to arrange for home
instruction, if necessary. I will provide Fei Tian with a note from a qualified physician, psychiatrist or
other appropriate medical care provider.

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____

Date: _____

Witness Name: _____ Title: _____

Witness Name: _____ Title: _____

Law Enforcement Witness Name/Title (if applicable):

Exhibit B
FTAA-MT
TEACHER REFERRAL FORM FOR COUNSELING INTERVENTION

Please use this form to refer a student to the counseling office for services. These services can be for a variety of needs. Please document what you have tried and any contacts that you have had with the parent/guardian. You may submit this form directly to the student's counselor via email or place in the counselor's mailbox. Please keep a copy for your own records. This serves as documentation for you as well as the school counselor. Any feedback that the counselor can provide to you after meeting with the student will be done on this form also.

REFERRING TEACHERS NAME: _____ COURSE NAME:

STUDENT'S NAME: (LAST, FIRST): _____ DATE OF REFERRAL:

ISSUES AND CONCERNS (Please check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Incomplete or missing work | <input type="checkbox"/> Attendance | <input type="checkbox"/> Failed tests/Quizzes |
| <input type="checkbox"/> Family Issues | <input type="checkbox"/> Study Skills | <input type="checkbox"/> Difficulty in Grasping Content |
| <input type="checkbox"/> Safety Issues | <input type="checkbox"/> Peer Relations | <input type="checkbox"/> Disruptions of Class |
| <input type="checkbox"/> Other: (please be specific in this space) | | |

What intervention have you already tried with the student?

Has contact been made with the parent/guardian? YES NO

When? _____ With Whom? _____ How? In person email phone

Date student was met with: _____

Any information that can be shared with the referring teacher:

Date report sent to principal _____

Counselor Name: _____ Counselor Signature _____