



Regional Institute for Scholastic Excellence

July 2017

Welcome to the 2017-2018 school year and thank you for expressing interest in placing your student with us. The RISE Short-Term Program can be used as an option to external suspension for your students.

Placement time may vary dependent upon the length of the external suspension given by the home school.

Once you have determined that the RISE Short-Term Program may be an appropriate placement for your student, a short intake packet must be completed and e-mailed to riseshortterm@s-cook.org.

The intake packet can be accessed at www.s-cook.org; follow the RISE short-term link. In order to consider a student for enrollment in the Short-Term program, the intake packet must be completed in its entirety and the following information must be provided:

- Parent release of information; this form must be signed by the student's parent before releasing information to RISE
- Completed Student Identification form
- Completed Supplemental/Current Health Information forms
- Completed Academic/Discipline form
- Copy of student's most current physical including immunization record
- Signed Banned Items form

To begin in the Short-Term program the student will need:

- Class assignments
- Textbooks
- Any materials to complete work from the home school

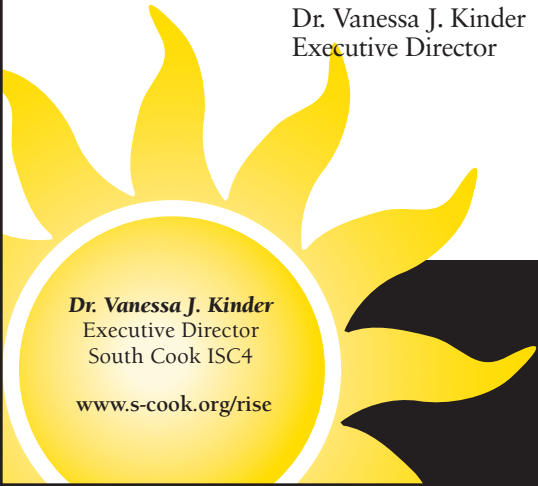
In general, upon receipt of a completed RISE Short-Term intake packet and appropriate student coursework including textbooks, student assignments and work in progress, a student may begin the program within 24-48 hours.

When all of the above information has been received and the student has been approved for placement, they may begin the program.

We look forward to a meaningful, collaborative partnership with you, as we continue the RISE Short-Term Program. As always, should you have any questions, please do not hesitate to let us know!

Sincerely,

Dr. Vanessa J. Kinder
Executive Director



Dr. Vanessa J. Kinder
Executive Director
South Cook ISC4

www.s-cook.org/rise

CHICAGO HEIGHTS CAMPUS

*Kenneth Peterson, Principal * Anthony Marinello, Dean
Princess Hill, Secretary*

405 Ashland Avenue
Chicago Heights, IL 60411

ph. 708-756-2834 * fax 708-756-9805

WORTH CAMPUS

*Nancy Salzer, Principal * Jana Montesdeoca, Dean
Sherie Nunnally, Secretary*

11218 S. Ridgeland Avenue
Worth, IL 60482

ph. 708-671-0935 * fax 708-671-1014



Regional Institute for Scholastic Excellence

Frequently Asked Questions

GENERAL INFORMATION

What is the deadline for placement?

In general, upon receipt of a completed RISE Short-Term intake packet and appropriate student coursework including textbooks, student assignments and work in progress, a student may begin the program within 24-48 hours.

What should the student wear?

- * Blue/black/tan pants
- * Students will be issued a RISE t-shirt; the t-shirt must be worn
- * Tennis shoes

What does the academic program include?

The daily academic program includes:

- * Specific coursework provided by the home school; classroom teacher to monitor and assist student in completing all home school coursework
- * Individualized coursework addressing student deficiencies in English/Language Arts and Math
- * Social skills lessons once each school day
- * Physical education

Will there be support staff available to work with the students?

Social worker and dean services will be available for students in the short-term program as appropriate

How can I check on the progress of students placed with the RISE Short-Term Program?

Once a week & at completion of the student's time in the program, RISE Short-Term staff will send progress reports which will include:

- * Student Attendance
- * Log of attended/non attended days
- * Student Behavior
- * Discipline referrals
- * Student Academic Progress
- * Results of entry level assessment
- * Results of post assessment

Who will be supervising the students?

- * A licensed classroom teacher
- * A licensed classroom paraprofessional

Who is responsible for transporting the students?

- * The district may or may not provide transportation. It is up to the discretion of the district.

Lunch

- * The RISE program is unable to provide lunch for students.



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Directions to Apply for Short-Term Placement

A PROGRAM AGREEMENT SIGNED BY THE DISTRICT SUPERINTENDENT MUST BE ON FILE.

When all of the listed information has been received, it will be reviewed by the Regional Institute for Scholastic Excellence staff and you will be contacted regarding the student's placement.

Please call either campus for assistance:

Chicago Heights Campus: *Kenneth Peterson, Principal*
Jana Montesdeoca, Dean
Princess Hill, Secretary
Tim Keane, Social Worker
405 Ashland Avenue
Chicago Heights, IL 60411
(708)756-2834; FAX (708)756-3476; FAX (708)756-9805

Worth Campus: *Nancy Salzer, Principal*
Neil Gonzales, Dean
Sherie Nunnally, Secretary
Kim Gillett, Social Worker
11218 S. Ridgeland Avenue
Worth, IL 60482
(708) 671-0935; FAX (708)671-1014

* Students will not be considered for intake until all required information is submitted for review.



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Release of Information (Short-Term Program)

To be completed by parent/guardian and school

FROM:

Name of School or Agency _____

Address _____

City

State

ZIP

Your child _____ has been placed in the RISE Short Term Program in lieu of an external suspension for _____ days on the following dates: from _____ to _____. Your child is expected to:

- * Complete all assignments provided by the home school and RISE Short-Term program
- * Abide by all behavioral requirements of the program
- * I understand it is my responsibility to transport my son/daughter to the RISE Short Term Program site

This form must be completed and submitted with original signatures before student records will be reviewed.

I hereby authorize the release of permanent and temporary file information, as well as other pertinent information regarding my child. I further authorize R.I.S.E to allow the home school to meet with my child any time it is deemed necessary.

Student Name

TO:
Regional Institute for Scholastic Excellence
253 W. Joe Orr Road
Chicago Heights, IL 60411

SCHOOL DISTRICT INFORMATION

REFERRED BY: _____ TITLE: _____

PHONE NUMBER: _____

(School Personnel Name – Please Print)

(Signature)

(Title)

(Date)

Signature of Parent/Guardian

Date

Signature of School Official

Date



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Student Identification Information (Short-Term Program)

To be completed by school personnel

FORM MUST BE COMPLETELY FILLED OUT FOR STUDENT TO BE CONSIDERED FOR PLACEMENT

I. Student Name: _____ Date: _____
Last First Middle

Date of Birth: _____ Age: _____ Male: _____ Female: _____

Current Grade: _____ Home School: _____ District: _____

Duration of Placement from _____ to _____

State SIS Number _____

Population Group (Check one)

- 1. American Indian/Alaskan Native
- 2. Asian or Pacific Islander
- 3. Black, Not of Hispanic Origin
- 4. Hispanic
- 5. White, Not of Hispanic Origin
- 6. Other _____

II. PARENT/GUARDIAN INFORMATION:

_____ Father Name ___Step (Check if applicable) _____ Mother Name ___Step (Check if applicable) _____

_____ Legal Guardian Name _____

Marital Status: ___Married ___Separated ___Divorced ___Mother/Father Deceased

(if separated or divorced, indicate who is the legal guardian and what are the access/restrictions of the non-custodial parent).
Legal documentation must be on file.

ADDRESS: _____
Street (Apt.) City State ZIP

Please place an asterisk (*) by: *Primary Contact *Primary Phone (Please make sure telephone numbers are current)

Home Phone: _____ Cell Phone: _____

Father's Work Phone: _____ ext. _____ Pager/Cell _____

Mother's Work Phone: _____ ext. _____ Pager/Cell _____

Guardian's Work Phone: _____ ext. _____ Pager/Cell _____

Emergency Contact Phone: _____ ext. _____ Pager/Cell _____

E-mail Address: _____

E-mail Address: _____

E-mail Address: _____



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Required Supplemental/Current Health Information

A copy of the student physical and immunization record must be submitted before student will be allowed to enter the R.I.S.E short term program.

To be completed by parent/guardian

Student Name: _____ Date of Birth: _____

Home School: _____ District: _____

Guardian: _____ Phone: _____

Any disabilities: _____ Any Recent Hospitalizations/Date _____

Has your child ever had a mental health assessment? Yes No

If so, what treatment plan is being followed?: _____

Current Medical conditions requiring medication (list):

Condition	Medications
_____	_____
_____	_____
_____	_____

Known documented allergies (list):

Food: _____

Medication: _____

Environmental (Including plants and insects): _____

Does the student have a prescription for an epi-pen? _____

Physical Education medical limitations: _____

Has the student been diagnosed with any of the following (please check):

- Asthma Seizure Medication ADD/ADHD Heart Problems
 Digestive Disorders Cancer Diabetes- Type _____

How is it controlled? _____

Pregnancy: Documentation with expected due date required

Failure to disclose any known medical information could result in dismissal from the R.I.S.E. Program.

Signature of Parent/Legal Guardian: _____ Date: _____

Signature of Home School Representative: _____ Date: _____

Information may be shared with appropriate personnel for health and educational purposes.

Signature of Parent/Legal Guardian: _____ Date: _____

Form to be completed prior to starting short-term program.



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Required Supplemental/Current Health Information - Part 2

A copy of the student physical and immunization records must be submitted before student will be allowed to enter the R.I.S.E program. The R.I.S.E program does not have a school nurse on site.

To be completed by parent/guardian

STUDENTS WHO HAVE ALLERGIES REQUIRING AN EPI-PEN

- As per Self-administration and self-carry of medications for asthma and allergy (Public Act 97-0361 and Public Act 98-0795)
- All students are required to have a current prescription for their Epi-Pen.
- STUDENTS WITH A CURRENT PRESCRIPTION for an Epi-Pen shall have it with them EVERYDAY.
The medication will be in the original labeled container as dispensed or the manufacturer's labeled container WITH the students' name.
- **** Please Note: If your student requires the use of the Epi-Pen they will be transported to the Emergency Room of the nearest available hospital.**

STUDENTS WHO HAVE A CURRENT DIAGNOSIS OF ASTHMA

- Does the student have a current Asthma Action Plan? Yes No
- **Public Act 099-0843: "Asthma action plan" means a written plan developed with a pupil's medical provider to help control the pupil's asthma.** This plan must be available at intake and kept on file during the student's placement.
- Any and all medications and equipment will be properly labeled.
- Has the student been hospitalized for Asthma? Yes No
- Date of most current hospitalization: _____
- List any pertinent information from that hospitalization: _____

DIABETES

- Type: _____ On set: _____
- What is the current medication and treatment plan-please be specific : _____
- The student will bring the following on the first day of placement and maintain the supplies as needed.
 Glucometer Test strips Lancets Medication and means of administering it (syringes)
- All personal medical equipment as well as medication will be clearly labeled and available on the first day of placement.
Please let us know who we should contact should there be any significant changes in the students current medical condition.

Name: _____

Relationship to Student: _____ Phone: _____



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Academic/Discipline Information (Short-Term Program)

To be completed by school personnel

I. REASON FOR PLACEMENT:

Please outline the reason for the short-term placement.

(Check and explain if applicable)

Total Number of Days Suspended: _____ Reasons: _____

Please provide any other discipline information that may be appropriate. If incidents are of a serious nature, please submit full anecdotal records of disciplinary actions.

Academic Coursework to be Completed (Short-Term Program)

To be completed by school personnel

If district is providing all class work, placement cannot begin until all assignments, textbooks, materials are provided by the home school. Please list work student will be completing during their placement; be as specific as possible.

Percentage (%) Grade:

Please give the percentage grade for the classes below

Language Arts/English _____

Math _____

Math _____

Elective _____

Science _____

Social Studies _____

Reading (if applicable) _____

District recommends placement of student in the following computer based courses _____, _____, _____, _____.



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Banned Items

The following items, if found in the possession of a student or in his/her property, desk or locker, will be immediately confiscated. Jewelry or cell phones will be confiscated and only returned to parent. The item(s) will be turned in to the school principal or dean, and appropriate consequences will apply. The list is subject to revision at any time:

- * Weapons
- * Firearms
- * Facsimiles of weapons
- * Tobacco products or tobacco paraphernalia
- * Drugs/narcotics or drug paraphernalia
- * Alcohol products
- * Candy/gum
- * Gang-related materials, including drawings
- * Occult-related materials, including drawings
- * Hair picks
- * Chains
- * Hats/caps with a bill
- * Scissors
- * Jewelry (male and females):
 - Earrings, rings, necklaces, grill bracelets, mouth jewelry, etc.
- * Personal Hygiene products including
 - Make-up, including lip gloss
 - Lip moisturizing products
 - Skin moisturizing products
- * Cell phones
- * Electronic:
 - Communication devices (cd players, ipods, MP3 players)
 - Games
- * Media storage devices
- * Headphones
- * Cds, DVDs, audio
- * Pornographic or obscene materials

I understand these items are not allowed at R.I.S.E. and R.I.S.E. is not responsible for any lost items.

(Please Print)

(Signature)

Form must be signed by student before placement begins.



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Short-Term Billing Procedure

Welcome to the RISE short-term program. The following is an explanation of the billing procedure for our program.

School District _____ agrees to place _____ in the RISE Short-Term Program
for _____ days at the rate of _____ per day.

- * The district agrees to pay the tuition costs for the duration of the student placement
- * If there are unusual or extenuating circumstances regarding student attendance an adjustment in the daily fee will be considered

Superintendent (Designee signature): _____ Date: _____

This form, with signature, must be returned to South Cook ISC via email @ bmaloney@s-cook.org or via fax at 708-754-8687.

Thank you for placing your student with us.