



## ***Regional Institute for Scholastic Excellence***

July 2018

Welcome to the 2018-2019 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](mailto:riseshortterm@s-cook.org).

The intake packet can be accessed at [www.s-cook.org](http://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
- Copy of student's anecdotal discipline record
- Completed Academic/Discipline forms/Referrals
- 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](http://www.s-cook.org/rise)

### **CHICAGO HEIGHTS CAMPUS**

*Kenneth Peterson, Principal \* TBD, Dean  
Princess Hill, Secretary*

405 Ashland Avenue  
Chicago Heights, IL 60411  
ph. 708-756-2834 \* fax 708-756-9805

### **WORTH CAMPUS**

*Jana Montesdeoca, Principal \* Neil Gonzales, Dean  
Sherie Nunnally, Secretary*

11218 S. Ridgeland Avenue  
Worth, IL 60482  
ph. 708-671-0935 \* fax 708-671-1014



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## Frequently Asked Questions

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### 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/RISE; 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?

Behavioral/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

#### 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

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**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*  
*TBD, Dean*  
*Princess Hill, Secretary*  
*Tim Keane, Behavioral Specialist*  
405 Ashland Avenue  
Chicago Heights, IL 60411  
(708)756-2834; FAX (708)756-3476; FAX (708)756-9805

Worth Campus: *Jana Montesdeoca, 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: \_\_\_\_\_

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### 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.

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(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.**

### Percentage (%) Grade:

Please give the percentage grade for the classes below

Course Name \_\_\_\_\_

Percentage Grade (%) \_\_\_\_\_

Course Name \_\_\_\_\_

Percentage Grade (%) \_\_\_\_\_

Course Name \_\_\_\_\_

Percentage Grade (%) \_\_\_\_\_

Course Name \_\_\_\_\_

Percentage Grade (%) \_\_\_\_\_

Course Name \_\_\_\_\_

Percentage Grade (%) \_\_\_\_\_

Course Name \_\_\_\_\_

Percentage Grade (%) \_\_\_\_\_

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





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## Banned Items

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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
- \* Vapor stick or vapor materials
- \* E-cigarettes
- \* 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
- \* Personal Hygiene products including
  - Skin moisturizing products
- \* Cell phones
- \* Electronic:
  - Communication devices (cd players, ipods, MP3 players)
  - Games
  - iWatch
- \* 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.

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(Please Print)

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(Signature)

*Form must be signed by student before placement begins.*



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## Short-Term Billing Procedure

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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](mailto:bmaloney@s-cook.org) or via fax at 708-754-8687.

*Thank you for placing your student with us.*