



**Regional Institute for Scholastic Excellence**

July 2015

Welcome to the 2015-2016 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, and it may also serve as a Tier 2 RtI intervention prior to full alternative placement.

Placement time may vary from 3 days to 45 days 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, the intake packet must be completed in its entirety and a student may not begin attendance until all assignments, textbooks and materials are provided by the home school. Please read the student handbook. A copy of our student handbook can also be accessed on our website.

When all of the above information has been received and the RISE staff has given approval, the student may begin their placement.

We look forward to a meaningful, collaborative partnership with you, as we begin 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

**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

**Dr. Vanessa J. Kinder**  
Executive Director  
South Cook ISC4

[www.s-cook.org/rise](http://www.s-cook.org/rise)



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## Frequently Asked Questions

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### GENERAL INFORMATION

#### What is the deadline for placement?

If all paperwork is received by 1:00 p.m., the student may begin classes the next day; all assignments, textbooks and materials must be provided by the home school before the student may begin the program

#### 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

#### What is the student's schedule?

9:00 a.m. – 9:30 a.m.	Homeschool content work
9:30 a.m. – 10:10 a.m.	Language Arts intervention Based upon entry assessment Prescribed computerized lessons
10:10 a.m.- 10:50 a.m.	Social Skills Lesson
10:50 a.m.-11:30 a.m.	Math Intervention Based upon entry assessment Prescribed computerized lessons
11:30 a.m.-12:10 p.m.	Homeschool content work
12:10 p.m.-12:40 p.m.	Lunch
12:40 p.m.-1:10 p.m.	Gym
1:10 p.m.-2:35 p.m.	Homeschool content work

#### 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.



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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*  
*Anthony Marinello, 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*  
*Jana Montesdeoca, 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 considered 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 \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_



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## Required Supplemental/Current Health Information

A copy of the student physical 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: \_\_\_\_\_

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 signed at time of intake



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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.

## Academic Coursework to be Completed (Short-Term Program)

To be completed by school personnel

**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) \_\_\_\_\_

\_\_\_\_\_



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## Change of Address/Phone

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Change in your address or phone numbers must be reported within one week to the R.I.S.E. Office.

Student Name (printed): \_\_\_\_\_

Student Name (signature): \_\_\_\_\_

Parent Name (printed): \_\_\_\_\_

Parent Name (signature): \_\_\_\_\_

Date: \_\_\_\_\_

New Address: \_\_\_\_\_  
Street City State ZIP

New Telephone #: \_\_\_\_\_

Additional Telephone #: \_\_\_\_\_