



## Regional Institute for Scholastic Excellence

July 2009

Welcome to the 2009-2010 school year, and thank you for expressing interest in placing your student with the R.I.S.E. program. We are excited about our ongoing partnership with your district, and we are committed to providing your students with a meaningful, structured, alternative education. For your convenience, we have provided a snapshot of the directions to apply for enrollment below. A checklist of all required information and complete instructions is provided on Page 3 of the intake packet.

Once you have determined that the R.I.S.E. program may be an appropriate placement for your student, an intake packet must be completed and e-mailed, faxed, mailed, or hand delivered to the R.I.S.E. intake coordinator.

The intake packet can be accessed at [www.s-cook.org](http://www.s-cook.org). Follow the R.I.S.E. link to "Link to Placement." In order to consider a student for enrollment, the intake packet must be completed in its entirety and ALL requested information must be provided before an intake meeting will be scheduled.

Information and R.I.S.E. intake forms required to schedule an intake meeting:


- Parent release of information. This form must be signed by the student's parent before you can release any information regarding the student to R.I.S.E.
- Completed Supplemental/ Current Health Information form
- Copy of student's most current physical
- Student immunization record
- Completed Student Profile Form
- Complete anecdotal discipline records for student
- Completed Grades in Progress Form
- Student attendance record
- Copy of Free and reduced lunch form

When all of the above information has been reviewed by R.I.S.E. staff, the intake coordinator will set up an intake conference. A district representative must attend the intake meeting along with the student and the student's parent/guardian.

We look forward to a meaningful, collaborative partnership with you. 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 \* Anne Kerr, Dean  
Donna Joshua, Secretary

405 Ashland Avenue  
Chicago Heights, IL 60411

ph. 708-756-2834 \* fax 708-756-3476

### WORTH CAMPUS

Todd Whitaker, Principal \* Vincent Loizzo, Dean  
Sherie Nunnally, Secretary

11218 S. Ridgeland Avenue  
Worth, IL 60482

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



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## Directions to Apply for Enrollment

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**AN ADMINISTRATIVE TRANSFER 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 eligibility status. If the student is accepted, within a month an Individual Optional Educational Plan (IOEP) will be developed.

Please call either campus for assistance:

Chicago Heights Campus: *Kenneth Peterson, Principal*  
*Anne Kerr, Dean*  
*Donna Joshua, Secretary*  
405 Ashland Avenue  
Chicago Heights, IL 60411  
(708)756-2834; FAX (708)756-3476

Worth Campus: *Todd Whitaker, Principal*  
*Vincent Loizzo, Dean*  
*Sherie Nunnally, Secretary*  
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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## Eligibility Criteria

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Direct all requests for enrollment to the Intake Coordinator, 708-756-2834 Chicago Heights; 708-671-0935 Worth

One or more of the following criteria for eligibility are to be used when recommending a student for the program:

- \* suspended at least twice for "gross misconduct."
- \* arrested by the police or remanded to juvenile or criminal courts for acts related to school activities
- \* eligible for disciplinary reassignment pursuant to violation of school district "zero tolerance" policies
- \* involved in "gross misconduct" that can be demonstrated as serious, repetitive, and/or cumulative
- \* youth returning from juvenile corrections facilities
- \* have pending expulsion hearings

*"Gross misconduct" is defined as:*

- \* use of or possession of weapons or guns
- \* sale and/or possession of illegal substances
- \* chronic fighting, assault or physical violence
- \* arson
- \* theft or destruction of property of the school, staff, or other students
- \* sexual harassment, harassment and/or hazing
- \* gang-related activity
- \* insubordination posing imminent danger to the health, safety, and welfare of students and staff
- \* repeated and willful behavior of:
  - flagrant or persistent disrespect, verbal assault and/or verbal threats, and/or deliberate attempts to intimidate faculty, staff, sponsors, or students
  - flagrant or persistent disregard for the rules and regulations of the home school



## Intake Packet Necessary Components Checklist

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Please e-mail, fax or mail/deliver the following information to the school. **In order to schedule an intake meeting, all requested information must be provided.**

- Parent Release signed by parent. This **MUST** be signed prior to submitting the intake packet
- Completed Supplemental/Current Health Information Form. This **MUST** be completed prior to submitting the intake packet
- Copy of student's most current physical from doctor. Physical form **MUST** accompany intake packet
- Immunization record
- Completed three-page Student Profile Form. All pages **MUST** be completed in their entirety
- Anecdotal records of **all disciplinary** incidents in school relating to the referral to the R.I.S.E program, ie, dean/discipline file including suspensions and interventions
- If student had an expulsion hearing, please submit a copy of the expulsion hearing letter
- Academic Information
  - Transcript (HS students)/Report Card (JH students)
  - Current courses
  - Credits earned to date
- The R.I.S.E Current Grades form **MUST** be completed prior to submission of the intake packet
- Student Attendance
- Completed copy of Free Et Reduced Lunch Application
- Student Referral Profile form must be completed and Administrator signature is required

An intake meeting will not be scheduled until the intake packet is completed in its entirety.

The most current intake packet can be found online at [www.s-cook.org](http://www.s-cook.org). Only the most current intake packet will be accepted.



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## Release of Information

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To be completed by parent/guardian and school

**FROM:**

Name of School or Agency \_\_\_\_\_

Address \_\_\_\_\_

City

State

ZIP

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

\_\_\_\_\_  
Student Name

**TO:**

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

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date



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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 program.

To be completed by parent/guardian

Student Name: \_\_\_\_\_

Home School: \_\_\_\_\_ District: \_\_\_\_\_

Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Any disabilities: \_\_\_\_\_

### 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                       Any hospitalization within the past three years: When \_\_\_\_\_

Reason: \_\_\_\_\_

Failure to disclose any known medical information could result in dismissal from the RISE 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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## Student Referral Profile

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: \_\_\_\_\_

Student is considered 11th grader for PSAE testing  Yes  No Duration of Placement from \_\_\_\_\_ to \_\_\_\_\_

Qualifies for Home School Graduation Ceremony  Yes  No  NA

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 \_\_\_ Step (Check if applicable)

\_\_\_\_\_  
Mother \_\_\_ Step (Check if applicable)

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 \_\_\_\_\_

### III. SCHOOL INFORMATION

REFERRED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

SCHOOL CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SCHOOL COUNSELOR/SOCIAL WORKER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_



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## Student Referral Profile

(continued)

To be completed by school personnel

### IV. Reasons for Referral:

Please provide a brief summary of the student's history to the current date. Include copies of all anecdotal referral records that lead to the intake.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Verbal Altercations       Disruptive Behavior  
(Threatening someone in school, etc.)      (Creating problems in school, etc.)
- Drug or Alcohol Violations     Physical Altercations (Fighting, etc.)
- Other Behavior (Explain) \_\_\_\_\_

### SCHOOL BOARD ACTION TAKEN:

Discipline: \_\_\_\_\_

Is placement in lieu of expulsion?     Yes     No    If yes, please provide a copy of the expulsion hearing letter.    Expulsion Hearing Date \_\_\_\_\_

(Check and explain if applicable)

Total Number of Days Suspended: \_\_\_\_\_      Reasons: \_\_\_\_\_

Total Number of Expulsions: \_\_\_\_\_      Reasons: \_\_\_\_\_

- Family crisis within past years: \_\_\_\_\_
- Mental Health Issues: \_\_\_\_\_
- Substance abuse: \_\_\_\_\_
- Police involvement: \_\_\_\_\_
- Other: \_\_\_\_\_

### CURRENT STATUS: (Briefly describe)

School Social Work Services: \_\_\_\_\_

Mental Health Hospitalizations/Evaluations (Please include copy of hospitalization report): \_\_\_\_\_

Special Education Services (list): \_\_\_\_\_

Juvenile Justice: \_\_\_\_\_

Probation: \_\_\_\_\_      Officer Name and Phone: \_\_\_\_\_

DCFS: \_\_\_\_\_      Contact Name and Phone: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Additional Comments \_\_\_\_\_

\_\_\_\_\_



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## Student Referral Profile

(continued)

To be completed by school personnel

Does this student have a current IEP?  Yes  No

To the best of your knowledge, has this student ever had an IEP?  Yes  No

If yes, what are/were the dates of IEP? \_\_\_\_\_

Please include a copy of the most current IEP and case study evaluation.

### INFORMATION

REFERRED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Is this student eligible to participate in extra curricular activities at the home school during their placement with R.I.S.E.?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The school has no knowledge of any psychiatric, medical, or special education condition related to this student.

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Name – Please Print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)



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## Grades in Progress

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To be completed by school personnel

Before a student can be accepted into the R.I.S.E program, the student's current grades with percentages from the beginning of this school year until the student was removed from the referring school must be submitted. This form **MUST** be completed prior to submitting the intake packet.

Student \_\_\_\_\_

Current Quarter \_\_\_\_\_ Grade Level \_\_\_\_\_ Home School \_\_\_\_\_

**Percentage (%) Grade:**

Please give the percentage grade for the classes below

\_\_\_\_ % Math

\_\_\_\_ % Social Studies/History/Government

\_\_\_\_ % Language Arts/English/Literature

\_\_\_\_ % Physical Education

**Other courses taken:**

**Percentage (%) Grade:**

Please give the percentage grade for the classes below

\_\_\_\_ Course \_\_\_\_\_

\_\_\_\_ Course \_\_\_\_\_

\_\_\_\_ Course \_\_\_\_\_

Constitution Test Grade \_\_\_\_\_