

DuPage ROE Regional Safe Schools Program Partners for Success
Old Mill School
848 N. Mill Road, Addison, IL 60101
Telephone: (630) 543-4222 Fax: (630) 543-3609

DuPage Regional Office of Education
Regional Safe Schools Program—Partners for Success—Referral Profile, 2017-2018

EMAIL TO: pfsreferral@dupageroe.org or FAX TO: 630-543-3609

Date: No. of Pages:

From:

DIRECTIONS TO APPLY FOR ENROLLMENT

ELIGIBILITY CRITERIA FOR PARTNERS FOR SUCCESS PROGRAM

The DuPage ROE Regional Safe Schools Program, Partners for Success serves grade 6-12 expulsion eligible students, due to multiple suspensions and/or other gross misconduct. Truancy cannot be the primary reason for referral. The program uses a blended learning environment, consisting primarily of on-line learning and curricular supports, with small group and individualized instructional assistance.

In order to consider a student for enrollment, all requested information must be provided. (Check List)

Completed 11 page Student Referral Profile form (pages R1-R11)

Reports and records of incidents in school relating to the referral to the Partners for Success Program. Intervention(s) attempted to date must be clearly outlined on p. R4-R7.

Academic information: transcripts, completed course/request form (p. R8-R9), current course schedule, and all applicable transfer grades. For High School students, complete course request sheet page R10.

Include a copy of Free Lunch application (if applicable).

Include a copy of student health/medication records/vision and hearing screenings (mandatory).

Any other relevant information including Special Education records/IEP's, if applicable (No student will begin or continue the program unless services are in place.)

When all items are received, administrators from PFS will review and contact the individual initializing the referral to discuss the application, when approved for admission, and schedule the intake meeting.



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Partners for Success

STUDENT REFERRAL PROFILE

2017-2018 School Year

Date:

Student Name: First: Middle Initial: Last Name:

Date of Birth: Age: Gender: Male Student State I.D> #: Female (9 Digits, NOT Social Security#)

Current Grade: School: District:

Population Group: 1. American Indian/Alaskan Native 2. Asian or Pacific Islander 3. Hispanic
 4. White, not Hispanic origin 5. Black, not Hispanic origin 6. Multi-Racial

PARENT/GUARDIAN NAME(S):

Father/Guardian: (Step—Check if Applicable) Mother/Guardian: (Step—Check if applicable)
 Marital Status: Single Married Separated Divorced Mother/Father Deceased Other:
 (If separated or divorced, indicate who the legal guardian is and what the access/restrictions of the non-custodial parent are)

Student

Address Street: (Apt.#) City: Zip Code:
 Home Phone: Cell Phone:
 Father/Guardian Work Phone: ext. Pager/Cell:
 Mother/Guardian Work Phone: ext. Pager/Cell:
 PLEASE MARK *Primary Contact *Primary Phone Number

School Contact/Title: Phone Number: Fax:
 School Counselor: Phone Number: Fax:

Reasons for Referral: (Please Check all reasons & Indicate primary reason with an asterisk*)

Alcohol Violations	Robbery or Theft (taking of things by force)
Disorderly Conduct (Disruptive Behavior)	Threats (including school threats)
Vandalism (damage to school or personal property)	Drug Violation (excluding alcohol & tobacco)
Fighting (Mutual/Physical Altercations/Battery)	Violation of School Rules (disobeying school policy)
Weapons (Gun or knife to school)	Harassment, nonsexual (physical, verbal or psychological)
Insubordination (disobedience to school staff)	Other Offenses (non-truancy): _____

FOR PFS STAFF ONLY Elig. Status: Exp. Or Susp. Lunch: Free Reduced None
 Staff Initials: Date of Intake:
 State Possible Return
 Date: to Home School: Transportation:



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- | | | |
|---|------------------------|----|
| 1. Has there ever been a Special Education case study initiated on behalf of this student? | Yes | No |
| 2. Is a Special Education case study recommended for this student? | Yes | No |
| 3. Is this student currently in Special Education or 504 identified?
(Copies of current/active IEP required) | Yes | No |
| 4. If student was previously receiving services, list and indicate date of IEP: | | |
| 5. Any current modifications of academic work? | | |
| 6. What related services/minutes are being provided/need to be provided? | | |
| 7. Has student received ESL services | Yes | No |
| | If YES, current level? | |
| 8. Has student been enrolled at Partners for Success (PFS) previously? | Yes | No |
| 9. Does student have history of mental health or physical challenges? | Yes | No |

No admission can be confirmed until all Special Education referral assessments have been completed.



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INSTRUCTIONAL INFORMATION SHEET

Student Name: School: District:
Home School:
Staff Representative: Position:
Email: Phone:

CONCERNS

Specific Rationale for Referral:

General Academic (check all that apply):

failing *homework completion* *test-taking skills*
poor organization skills *unprepared* *lack of focus*
inability to work in groups *promises to be better but no change* *other*

Specific information. Please attach all academic data including transcript, grades in progress, test data, etc. Indicate below the students reading level and math level, if known.



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General Behavior (check all that apply):

- | | | |
|--|------------------------------------|----------------------|
| <i>disruptive</i> | <i>drug concerns</i> | <i>argumentative</i> |
| <i>poor peer relationships</i> | <i>sexual harassment</i> | <i>hyperactive</i> |
| <i>change in peer group</i> | <i>observation of cuts/bruises</i> | <i>bullying</i> |
| <i>inappropriate references related to drugs/sex/gangs</i> | | |

Total number of Dean contact/referrals:

Specific issues/incidents beyond leading to expulsion. Please include all behavioral referrals.

Attendance (check all that apply)

- | | | |
|--------------------------|---------------------------|-----------------------------------|
| <i>Excessively tardy</i> | <i>excessively truant</i> | <i>excessively absent—excused</i> |
|--------------------------|---------------------------|-----------------------------------|

Total this year:

Excused Absences:

Days (full & partial) Truant:

Days Suspended:

Periods Tardy:

Other:

Attach attendance records. Provide any further information below:



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Social/Emotional (check all that apply):

<i>family issues</i>	<i>crying</i>	<i>bullied</i>
<i>lack of range of emotions</i>	<i>moody</i>	<i>withdrawn</i>
<i>anxious</i>	<i>other</i>	

Please specify ongoing counseling that has been provided to date by the home school:

Is there any outside counseling occurring?	Yes	No		
Has there been a mutual sharing of information with outside counseling?			Yes	No
If yes, describe below:				

Medical (check all that apply)

<i>frequent health office visits</i>	<i>sleeps in class</i>	<i>shakiness</i>
<i>dazed</i>	<i>gaunt appearance</i>	<i>significant weight change</i>
<i>other specific medical condition</i>		

Provide details below as appropriate:



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Interventions used successfully to date:

Unsuccessful interventions applied to date:

Additional information: (Court supervision, juvenile justice interventions, DCFS involvement, etc.)



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TEACHER COMMENTS FORM

Student's Name:

Please have each teacher who has the above student provide feedback for referral to PFS. Individual comments and feedback may be provided on separate sheets, as appropriate.

Language Arts

Current Grade in Class:

Strength:

Concerns:

Social Studies

Current Grade in Class:

Strength:

Concerns:

Science

Current Grade in Class:

Strength:

Concerns:



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Mathematics

Current Grade in Class:

Strength:

Concerns:

P.E./Health

Current Grade in Class:

Strength:

Concerns:

Class:

Current Grade in Class:

Strength:

Concerns:



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High School Credit/Course Request Form

SCHOOL:

DISTRICT:

STUDENT NAME:

GRADE:

Course	Credit Requirements	Completed	Currently Enrolled Semester	Next Semester
1. English				
2. Math				
3. Science				
4. World History/ Geography				
5. U.S. History				
6. Social Studies Electives				
7. Consumer Ed.				
8. Health				
9. P.E.				
10. Speech				
11. Electives				

Explanation of credits:

0.5 credit = 1 semester

1.0 credit = 1 semester

Other Requirements:

U.S. Constitution

Other:



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**Partners for Success
Request for Program Admittance and Release of Information**

I/we _____ request to have my child to be considered for the High School Partners for
(Parent/Guardian) Success program. I agree to have _____ release pertinent information regarding
(School District) _____
(Student Name) to Partners for Success for the purposes of enrolling and planning. This

will include the student's permanent/temporary records, including: academic transcript, disciplinary and attendance reports, health and medical information, probation, social worker and counselor information, interim grades and progress reports.

The person or agency to whom information is disclosed may not re-disclose this information unless specifically consent to such re-disclosure. I understand that I have the right to inspect and copy the information to be disclosed. This consent is valid for the length of the student's enrollment. I understand I have the right to revoke this consent at any time. Refusal to consent to disclosure of this information will result in lack of coordination of services and inability to place student into program.

Signed: _____
(Parent/Guardian)

Date: _____

(Parent/Guardian)

Date: _____

(Student)

Date: _____

(District School Representative)

Date: _____

