

**DuPage Regional Office of Education
Regional Safe Schools Program - Partners for Success –Referral Profile, 2011 - 2012**

EMAIL TO: pfsreferral@dupage.k12.il.us or FAX TO: 630-543-3609

DATE: No. of Pages:

FROM:

DIRECTIONS TO APPLY FOR ENROLLMENT

ELIGIBILITY CRITERIA FOR THE PFS PROGRAM

- Recommendation for expulsion
- Suspended at least twice for a period of 4-10 days for gross misconduct
- Multiple suspensions related to misconduct
- Possession, sale and use of illegal drugs/substances
- Arrested by police and/or remanded to juvenile or criminal courts for acts related to school activities
- Unwarranted pulling of a fire alarm
- Eligible for disciplinary reassignment pursuant to violation of school district “zero tolerance” policies
- Involved in misconduct that can be demonstrated as serious, repetitive and/or cumulative
- Theft of destruction of property of the school, staff or other students
- Sexual harassment, any other harassment and/or hazing
- Fighting that does not result in severe bodily injury

CRITERIA FOR STUDENT INELIGIBILITY INTO THE PFS PROGRAM

- Use of or possession with intent to use guns or weapons
- Arson
- Possession of or setting off a bomb/explosive device
- Chronic fighting, battery or physical altercations

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

- Completed 11 pages 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. R 4 – R 7.
- Academic information: transcripts, completed course/request form (p. R 8-9), current course schedule, and **all applicable transfer grades**. For High School students, complete course request sheet p. 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 initialing the referral to discuss the application and, when approved for admission, schedule the intake meeting.

PFS Referral Profile



**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**

Partners for Success

STUDENT REFERRAL PROFILE

2011 – 2012 School Year

Date:

Student Name: First Middle Initial Last Name "Nickname" (Opt'l)

Date of Birth: Age: Gender: Male Female **Student's State I.D. # (9 digits):**
(NOT Social Security #)

Current Grade: School: District:

Population Group: (Please Check) 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. Multi-Racial

PARENT/GUARDIAN NAME(S):			
Father/Guardian:	<input type="checkbox"/> (Step - Check if Applicable)	Mother/Guardian:	<input type="checkbox"/> (Step - Check if applicable)
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Mother/Father Deceased <input type="checkbox"/> Other: (If separated or divorced, indicate who the legal guardian is and what the access/restrictions of the non-custodial parent are). <u>Legal documentation must be on file.</u>			
Student Address: Street	(Apt.#)	City	Zip Code
(When Applicable)			
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 NUMBER:
SCHOOL COUNSELOR:	PHONE NUMBER:	FAX NUMBER:

Reasons For Referral: (Please check all reasons & indicate primary reason with an asterisk*)	
<input type="checkbox"/> Alcohol Violations	<input type="checkbox"/> Robbery or Theft (taking of things by force)
<input type="checkbox"/> Disorderly Conduct (Disruptive Behavior)	<input type="checkbox"/> Threats including school threats
<input type="checkbox"/> Drug Violations excluding alcohol & tobacco (illegal drug possession, sale, use/under the influence)	<input type="checkbox"/> Vandalism (damage to school or personal property)
<input type="checkbox"/> Fighting (Mutual/Physical Altercations/Battery)	<input type="checkbox"/> Violation of School Rules (disobeying school policy)
<input type="checkbox"/> Harassment , nonsexual (physical, verbal, or psychological)	<input type="checkbox"/> Weapons (Bringing a gun or knife to school)
<input type="checkbox"/> Insubordination (disobedience to school staff/personnel)	<input type="checkbox"/> Other Offenses (Not Truancy--Explain):

FOR PFS STAFF ONLY	Elig. Status: <input type="checkbox"/> Exp. or <input type="checkbox"/> Susp.	Lunch: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> None
Staff Initials: _____		Media Release Permission: <input type="checkbox"/> YES <input type="checkbox"/> NO
Start Date: _____	Possible Return 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? Yes No
(Copies of current/active IEP required)
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 admissions can be confirmed until all Special Education referral assessments have been completed.

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INDUCTION INFORMATION SHEET

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

CONCERNS

Specific Rationale for referral:

General Academic (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> <i>failing</i> | <input type="checkbox"/> <i>homework completion</i> | <input type="checkbox"/> <i>test-taking skills</i> |
| <input type="checkbox"/> <i>poor organizational skills</i> | <input type="checkbox"/> <i>unprepared</i> | <input type="checkbox"/> <i>lack of focus</i> |
| <input type="checkbox"/> <i>inability to work in groups</i> | <input type="checkbox"/> <i>promises to be better but no change</i> | |
| <input type="checkbox"/> <i>other</i> | | |

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 Behavioral (check all that apply):

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

Total number of Dean contacts/referrals

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

Attendance (check all that apply):

- excessively tardy* *excessively truant* *excessively absent – excused*

Totals 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):

- family issues* *crying* *lack of range of emotion* *bullied*
 moody *withdrawn* *anxious* *other:*

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):

- frequent health office visits* *sleeps in class* *shakiness* *dazed* *gaunt appearance*
 significant weight change *other specific medical information:*

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.)

PFS Referral Profile



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.

Class: Language Arts Current grade in class

Strengths:

Weaknesses/Concerns:

Class: Social Studies Current grade in class

Strengths:

Weaknesses/Concerns:

Class: Science Current grade in class

Strengths:

Weaknesses/Concerns:



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Class: Math Current grade in class

Strengths:

Weaknesses/Concerns:

Class: P.E./Health Current grade in class

Strengths:

Weaknesses/Concerns:

Class: _____ Current grade in class

Strengths:

Weaknesses/Concerns:

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**Partners For Success
High School Credits/Course Request Form**

SCHOOL:

DISTRICT:

STUDENT NAME:

GRADE:

Course	Credit Requirements	Completed	Currently En. Sem:	Next Sem:
1. English				
2. Math				
3. Science				
4. World History/ World Geography				
5. U.S. History				
6. S.S. Electives (American Govt., Psych, Economics, etc.)				
7. Consumer Ed.				
8. Health				
9. P.E.				
10. Speech				
11. Electives				

Explanation of Credits: 0.5 credit = 1 semester or 1 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 be considered for the
(Parent/Guardian)
High School Partners for Success program. I agree to have _____
(District School)
release pertinent information regarding _____ to Partners for Success
(Student)
for the purposes of enrollment 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 I 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 enrolment. 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: _____

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