# Partners for Success Regional Safe Schools Program Jeff Gerard, Principal jgerard@dupageroe.org



## ELIGIBILITY CRITERIA FOR PARTNERS FOR SUCCESS PROGRAM

The DuPage ROE Regional Safe Schools Program, Partners for Success, serves grades 6-12 students who are eligible for expulsion or disciplinary alternative placement. Truancy may not be the primary reason for referral. The program uses a blended learning environment consisting primarily of direct instruction. Students may also be supported with online learning and other curricular supports. Students will experience small group and individualized instructional assistance daily.

# REFERRAL PROCESS FOR PARTNERS FOR SUCCESS

• Phone Jeff Gerard, Principal, at Partners for Success, or Jen Johnson, Administrative Assistant at The Center for Student Success, at (630) 543-4222 to discuss the student's case and share details about the potential placement. • After having a discussion with Jeff Gerard, the home school liaison completes the Partners for Success (PfS) online Student Referral Profile. This application can be found on the PfS website at <a href="https://www.dupageroe.org/services/partners-for success">https://www.dupageroe.org/services/partners-for success</a>. Once the referral profile is completed, this application is emailed to Jeff Gerard at jgerard@dupageroe.org. • Jeff Gerard reviews the student's referral profile and confirms the student acceptance into the program with the home school. • Jeff Gerard or Jen Johnson, CSS Administrative Assistant, contacts the home school to secure a possible date and time for the Intake Meeting to occur.

- Jen Johnson contacts the student's parent/guardian to confirm the Intake Meeting date and time.
- The Intake Meeting occurs at PfS with home school representative(s), the student, and the parent/guardian.
- Ideally the student starts one day after Intake Meeting or as soon as transportation begins.

	JOCCESS STUDENT REFERENCE
Student Name	Nickname
Date of Birth	Current Age
Home School	Current Grade
Ethnicity	Gender
Student Address	City, Zip
Parent #1 Contact	Parent #2 Contact
Address (if different from above)	Address (if different from above)
City, Zip	City, Zip
Primary Phone	Primary Phone
Alternate Phone	Alternate Phone
Email	Email
Legal Guardian? Yes or No***	Legal Guardian? Yes or No***

### PARTNERS FOR SUCCESS STUDENT REFERRAL

Center for Student Success 848 North Mill Road Addison, Illinois 60101 Phone 630.543.4222 Fax 630.543.3609

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#### DIRECTIONS TO APPLY FOR ENROLLMENT

- This online form must be completed with accurate and up to date information and submitted with the required data listed below.
- The following documents are required when making a student referral to Partners for Success:
  - ✓ ✓ Written detail of the recent incident that necessitated the decision for student alternative placement including whether there was an expulsion or recommendation for expulsion
  - ✓ ✓ Documentation of the Administration's decision to make the placement including the length of the potential placement at PfS
  - Documentation of a Safety Assessment done by home school support team or a mental health professional that details the appropriateness of the student to return to a school and any follow up that has been required for the student and family; and a copy of any safety plan that has been put in place by the home school

#### \*\*\*A safety assessment is required for the following situations have occurred:

- A weapon has been used or threatened to be used at school
- o A physical altercation with injuries has occurred
- A sale or distribution of significant drugs
- o A threat to school safety (in person, written, or via electronic means)
- o A significant mental health concern exists

\*\*If one of these situations is determined to have happened off campus but with a nexus to school an assessment is required.

\*\*\*If an arrest or hospitalization has occurred in these situations an assessment is required.

✓ ✓ Current SIS data documents including the following:

○ Discipline history for at least the last two semesters including dates, reason for referral, and consequences given
○ Attendance data for at least the last two semesters including any pertinent information like chronic medical condition, extended hospitalizations, or other extenuating circumstances leading to school absences; Copy of information related to a referral for truancy i.e. date of referral, current status, contact person at ROE, etc. ○
Current transcript and current grades in program – to be used as entrance grades into PfS classes; A credit evaluation done by the school counselor to identify progress toward graduation requirements, and potential courses to be taken at PfS; An anecdotal paragraph from school counselor identifying any academic struggles or strengths, patterns of negative academic choices, any required testing to be done while at PfS, or any course(s) to attempt credit recovery while at PfS

- o Documentation of any ELL supports currently in place and data about the student's level of services needed
- Copy any current 504 Plan or IEP (PfS can service Social Work Only IEPs)
- o Copy of No Trespass letter if that circumstance is required by the home school
- o Copy of Free or Reduced lunch eligibility letter
- Copy of student health information and immunization record; Any COVID-related information that is pertinent to share
- Copy of SIS Student Demographic page to be used at the intake meeting in case the parent/guardian needs to edit or update contact information, emergency contact, etc.

Please note:

✓ ✓ Home schools/districts are required to provide student transportation and to provide the family and PfS with transportation service contact information, start date, and pick up/drop off times.

✓ ✓ Students will be enrolled using the PfS RCDTS code in the state information system for the purpose of tracking their attendance while placed at PfS. Please be sure to have home school personnel move them out of the state SIS in order for PfS to enroll them on the determined start date.

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Weapons	Fighting with Physical Injury	
Threat to Person or School Safety	Drugs or Alcohol Sale, Distribution, or Under the Influence	
Threat or Harassment via Social Media or Other Electronic Means	Pattern of Disorderly Conduct or Disruption to the Educational Process	
Sexual Harassment	Pattern of Gross Insubordination toward Staff	
Other – Please Identify		

### SOCIAL EMOTIONAL OR MEDICAL CONCERNS

Social Emotional Concerns								
Family Issues		Anxious		Bullied				
Lack of Range of Emotion		Crying or Moody		Withdrawn				
Other – Please Identify								
Any known outside counseling or support								
Medical Concerns								
Frequent Health Office Visits		Sleeps in Class		Often Late or Leaves Early Due to Illness				
Concern of Substance Use/Abuse		Change in Appearance		Lack of Nutrition				
Reported Medical Condition								

SPECIAL EDUCATION AND OTHER REQUIRED SUPPORT SERVICES							
Has there ever been a Special Education case study initiated on behalf of this student?	Y	N	Is a Special Education case study recommended for this student?	Y	N		
Is this student currently in Special Education or 504 identified? (Copy of current active 504 Plan or IEP required)	Y	N	Any current modifications of academic work?	Y	N		
If student was previously receiving services, list and indicate date of IEP:							

What related services/minutes are being provided/need to be provided?			
Is the student receiving ELL services?	Y	Ν	If YES, current level?
Does the student have a history of mental health or physical challenges?	Y	Ν	If Yes, please briefly share.

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HOME SCHOOL/DISTRICT CONTACT INFORMATION							
Home School/District Staff Making the Referral		Position					
Primary Phone		Alternate Phone					
Email		Gera					
Additional School/District Contact i.e. Dean, counselor, SW or AP		Position					
Primary Phone		Alternate Phone					
Email							

### OTHER INFORMATION FOR PARTNERS

Has the student ever attended PfS previously?	Y	N	If YES, when?		
Has the student had any prior disciplinary outplacements?	Y	N	If YES, when and where?		
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Admin Decision and Placement HAVE Been Confirmed with Parent	Y	N	Is there a No Trespass letter or No District Access in place until return?	Y	Ν
Transportation Requested and Confirmed	Y	N	Pick Up Time		
Start Date			Potential Return Date		

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