



STUDENT REFERRAL

Please complete all 4 pages of this form. Incomplete referral packets will not be processed.

PLEASE PRINT ALL INFORMATION

Student's last name: _____ Today's Date: _____
 Student's First Name: _____
 Street Address: _____ City: _____ Zip: _____
 Home Phone: _____ Birth Date: _____ Sex: M F
 Home School District #: _____ Home School Name: _____
 Grade Level: 6 7 8 9 10 11 12 ISBE SIS #: _____
 Ethnic Code: Native American Asian/Pacific Islander African American
 Hispanic White Multi-ethnic:

Parent/Guardian #1

Full Name: _____
 Relationship to Student: _____
 Occupation: _____
 Employer: _____
 Work Phone: _____
 Cell Phone: _____
 Work Hours: _____

Parent/Guardian #2

Full Name: _____
 Relationship to Student: _____
 Occupation: _____
 Employer: _____
 Work Phone: _____
 Cell Phone: _____
 Work Hours: _____

Emergency contact person (print full name): _____ Relationship to student: _____
 Emergency contact telephone number (include area code): _____
 Primary language spoken in the home English Spanish Other (specify) : _____
 Eligible for free or reduced lunch : Yes No

Please indicate the specific incident(s) which prompted this referral: _____

Check One: Student is expelled* Student is expulsion eligible
 Student was expelled but readmitted for referral to NCYAA Suspended / Suspension eligible

*Expelled students must be re-enrolled and administratively transferred to NCYAA in order to participate in the program

List all of the special conditions or goals that must be met in order for this student to be considered for reentry into the home school:

What is the earliest date the student would be considered for reentry to the home school: _____

The district contact person for this referral is: _____ Phone: _____

Administrative authorization for this referral (signature): _____ Date: _____

STUDENT REFERRAL (cont.)

Student: _____

ELIGIBILITY CRITERIA

Below is the citation from the *Illinois School Code* specifying the criteria for an appropriate referral to a Safe Schools Program.

Illinois School Code 5/13A-2.5 Definition of "Disruptive Student"

"Disruptive Student" includes suspension or expulsion eligible students in any of grades 6 through 12. Suspension or expulsion eligible students are those students that have been found to be eligible for suspension or expulsion through the discipline process established by a school district.

In order to process this referral, please indicate that the student is eligible by checking the appropriate box(es) below. Students who meet two or more of the following criteria may be eligible for services:

- Enrolled in grades 6 through 12 during this current school year, AND
- 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 characterized as serious, repetitive, or cumulative.
- Returning from juvenile detention facility.
- Expelled or has a pending expulsion hearing. (Expelled students must be re-enrolled and administratively transferred to NCYAA in order to participate in the program)

*"gross misconduct" is defined as:

- Use of or possession with intent to use a weapon or gun.
- Sale and/or possession of illegal substances.
- Physical assault of a staff member.
- 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.

Students chronically truant from school and not exhibiting any of the above stated characteristics of "gross misconduct" are NOT eligible for services through the North Cook Young Adult Academy safe schools program.

Is the student being referred to NCYAA eligible for or currently receiving Special Education and/or Bilingual Education services? No Yes If yes, please complete the following:

- Special Education case study evaluation: Referred, but not yet tested Testing in process
 Completed/current, on file Refused by parent
- Special Education eligibility status: Eligible Not eligible
- Special Education placement status: Currently receiving service for _____
 No longer receiving service Service refused

NOTE: If a student who is eligible for special education services is accepted into the NCYAA program, the home school district will remain fully responsible (including financially) for the provision of any and all prescribed special education services. North Cook Young Adult Academy staff must be invited to all MDC, IEP, and annual review conferences, including the pre placement conference, which may recommend placement in the NCYAA program.

ELL eligible? No Yes

If "yes", the most recent ACCESS assessment must be attached (both the teacher report and the parent report)

District contact person for further ELL questions: _____
phone: _____ extension # _____

Please attach the following items to this form:

- Copy of all discipline records
- Copy of current I.E.P. (Special Education eligible students only)
- Current school transcript (high school only)
- Certificate of health exam and medical records
- Graduation requirement form
- Standardized test score report

STUDENT REFERRAL (cont.)

Student: _____

GRADES-TO-DATE

This report covers the time period between the first day of the current semester Date: _____

and the student's withdrawal date from classes Date: _____

Please list the courses in which the student is/was enrolled for the current semester. Then list the grades the student is/was earning in each of the courses from the first day of this semester until the withdrawal date.

<u>Department</u>	<u>Complete Course Title</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Completed by _____ Date _____

COMMUNITY FACTORS

Has this student ever been involved in, or is this student currently receiving counseling/therapy in the community?

No Yes

If "yes", name and phone number of counselor/therapist: _____

Type and frequency of counseling, (with dates, if available): _____

STUDENT REFERRAL (cont.)

Student: _____

Has this student ever been involved with, or is this student currently involved with the court system?

No Yes

If "yes", reason(s) and frequency of involvement (with dates, if available): _____

Has this student ever been subject to, or is this student currently on supervision, probation, or parole?

No Yes

If "yes", name and phone number of officer in-charge: _____

Reason for supervision, probation or parole (with dates, if available): _____

Has the student ever been disciplined for, or had police contact for gang involvement (or for suspicion of)?

No Yes

If "yes", name of gang: _____

Type of involvement (with dates, if available): _____

Has the student ever been disciplined for or had police contact for substance abuse (or for suspicion of)?

No Yes

If "yes", details, if available (with dates, if available): _____

Has the student had significant family issues that could impact his/her behavior or school success?

No Yes

If "yes", details, if available (with dates, if available): _____

Does the student have any medical issues that we should have knowledge of so that educational accommodations can be implemented for student success?

No Yes

If "yes", name and phone number of physician: _____

Details of condition(s): _____

Mail, FAX or E-mail this form with attachments to: Referral and Intake; Claudia Carone North Cook Young Adult Academy 2340 S. Des Plaines River Road, Suite 414, Des Plaines, IL 60018 Phone: 847-824-8300 x260 FAX: 847-803-3703 E-mail: ccarone@ncisc.org
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