



**Regional Safe School Program of McHenry County
Evergreen Academy**

3917 Mercy Drive, McHenry, IL 60050 Phone: 815-239-0001

Permission for Disclosure of Records

I, _____ hereby give my permission for _____

Parent/Guardian Home School to release the following information

concerning _____ to the Regional Safe *Student*

School Program of McHenry County, IL:

1. Academic Transcripts and current progress
2. Disciplinary files (include details of specific incident)
3. Counselors reports and counselor's letter of referral
4. Special Education Assessment Results
5. Attendance Report
6. School Physical, Immunization and/or other health records
7. SIS (State ID)

Student Interview and Application must be completed by Student. This information shall be considered confidential and will be used only for the purposes of determining the appropriateness of student eligibility for and enrollment in the RSSP. This information will neither be shared nor forwarded without the written authorization of the parent or legal guardian.

Parent/Guardian Signature Date

Student Signature Date

Home School Contact Date



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Evergreen Academy Referral Profile

Email to: nstone@evergreenacad.org

Eligibility Criteria for Program

The McHenry County Regional Safe Schools Program, Evergreen Academy serves grade 6-12, expulsion eligible students, due to multiple suspensions and/or other gross misconduct. Evergreen Academy provides a smaller environment that allows staff members to focus on individual student's needs.

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

- Student Data
- Student Safety Assessment filled out by school personnel (MUST BE COMPLETED)
- Discipline History & Intervention(s) attempted to date. (Attach all reports)
- Academic Information: transcripts, completed courses, and current course schedule. Free Lunch application (if applicable)
- Students health/medication records/vision and hearing screenings.
- Release of Information
- Other relevant information including 504 plans.
- Student Interview - **MUST BE COMPLETED BY STUDENT.**
- Youth Information Form - Intake Assessment **MUST BE COMPLETED BY PARENT.**

When all items are received, administrators from Evergreen Academy 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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Student Data Sheet

Referral Date: _____ Referring School: _____ District # _____

School District Liaison: _____ Position: _____

Phone: _____ Email: _____

Student Information:

First Name _____ Last Name _____

DOB: ___/___/___ Grade Level _____ Gender: Male Female

SIS # _____ Eligible for Free or Reduced Lunch: Yes NO Home Address:

_____ City: _____ Zip: _____ Parent /

Guardian Information:

Translation Needed? No Yes – Language _____

	Mother/Guardian 1	Father/Guardian 2
Name		
Address if not with student		
Home Phone		
Cell Phone		
Work Phone		
Email		
Lives With		
Custody	Joint / Sole / None	Joint / Sole / None
Emergency Contact	Name/Relationship	Phone:

**** A Parent/Guardian/Emergency Contact MUST be available to pickup student in case of emergency****



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Referral Information

Reason for Referral:

Terms of Exclusion:

Date of Eligible Return:

Expulsion Eligible (in lieu of expulsion hearing or went to hearing and board held in abeyance)

Suspension Eligible- Administrative placement due to suspensions

Specific Rationale for Referral:

General Behavior (Check all that apply):

<input type="checkbox"/> Disruptive Behavior	<input type="checkbox"/> Drug Concerns	<input type="checkbox"/> Argumentative
<input type="checkbox"/> Poor Peer Relationship	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Hyperactive
<input type="checkbox"/> Change in peer group	<input type="checkbox"/> Observation of cuts/bruises	<input type="checkbox"/> Bullying
<input type="checkbox"/> In appropriate references related to drugs/alcohol/sex/gangs		

Discipline and Attendance History

Please indicate the number of incidences of the following behavior categories in the last year.

Alcohol or Drugs Use / Possession		Disorderly/Disruptive Behavior	
Alcohol or Drugs Distribution		Property Offenses (Vandalism & Theft)	
Verbal Aggression		Cutting Class	
Physical Aggression		Weapons	
Insubordination		Sexual Misconduct	

NOTE: Please attach discipline summary and note other significant information regarding discipline.

Attendance History



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Please note the number of incidences of the following attendance categories in the last year.

Unexcused Absences	
Excused Absences	
Late Arrival to School	
Class Cuts/Skip	
Class Tardies	

Please note other significant information regarding attendance if needed.

Support Service and Intervention History

Has the student received Counseling, Social Work, or other supportive services at school? Is it at what level?
(Tutoring, mentoring, peer court, credit recovery, alternative learning, attendance intervention)

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Please summarize to the extent appropriate the type of support services the student received at school and any information from these services that will help us provide uninterrupted and consistent support.

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Has the student received counseling or other therapeutic support outside of school? (Drug and alcohol, SASS, family, gang intervention, mental health....)

Medical Concerns: Please provide details below as appropriate.

Additional Information: (Court supervision, juvenile justice intervention, DCFS involvement, etc.)



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Student Name: _____

Grade: _____

Date: _____

Referring School: _____

Terms of Exclusion: _____

District Liaison: _____

Email: _____

Phone: _____

Please enter the student's current schedule and any grades (percentages) in the appropriate grading period column below.

Course	Current %		Course	Current %

US and IL constitutions: Will the student be required to take the following Exams?

US Constitution Exam? Required Not Required

IL Constitution Exam: Required Not Required

HIGH SCHOOL STUDENTS ONLY:

Total Current Credits: _____

Total Credits Required for Graduation: _____

TRANSCRIPT WORKSHEET

Please record the courses completed to date

Core Course	Sem. 1	Sem. 2	Credits	Core Course	Sem. 1	Sem. 2	Credits
English 9 (1.0)				World Hist. (1.0) (Global Studies)			
English 10 (1.0)				US History (1.0)			
English 11 (1.0)				Government (0.5)			
English 12 (1.0)				Civics (0.5)			
Pre-ALG (1.0)				Economics/ Consumer Ed (0.5)			
Algebra (1.0)				Physical Ed. (Total)			
Algebra II (1.0)				PE Electives:			
Geometry (1.0)				PE Electives:			
Pre-Calculus (1.0)				Health (0.5)			
Biology (1.0)				Electives:			
Earth Sci (1.0)						(0.5)	
Physical Sci (1.0)						(0.5)	
Chemistry						(0.5)	



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Please use addition sheet for addition courses/credits

Addition space for courses record if needed

Core Course	Sem. 1	Sem. 2	Credits	Core Course	Sem. 1	Sem. 2	Credits
				PE Electives			
				PE Electives			
				PE Electives			
				PE Electives			
				Electives:			
						(0.5)	
						(0.5)	
						(0.5)	
						(0.5)	
						(0.5)	
						(0.5)	
						(0.5)	
						(0.5)	

NOTES for Evergreen (optional):



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Level 1 Student Safety Assessment Considerations

Date of Completion: ____ / ____ /20____

Student Name:

School:

Age:

Parent/Guardian Names:

Phone:

Administrator Completing this form:

Our goal is to create a safe and supportive environment for students and staff. Below is a non-exhaustive list of situations that need to be answered before an intake meeting can take place. Please know that answering YES to any of the following questions will result in our staff conducting a Student Safety Assessment prior to scheduling an intake meeting.

If you answer yes to any of the following questions, please provide details of the situation.

Yes / No - To your knowledge, has the student been arrested for weapons possession, assault, menacing or harassment behavior, at school or in the community?

Yes / No - Has the student brought a weapon or has been in possession of a weapon at school, on school grounds, and/or school sponsored activity.

Yes / No - Have you received information that a student may be planning to attack one or more students or staff members at school.

Yes / No - Has the student directly threatened another student or staff member or has a targeted list.



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Yes / No - Has the student physically attacked another student or staff member?

Yes / No Did or could have the attack resulted in serious injury to another student or staff member.

Yes / No - In your opinion, after a physical or verbal conflict has occurred, is there still unresolved conflict between the two parties?

Yes / No - Has the student displayed an escalating pattern of aggressive/violent behavior.

Yes / No - Have students or staff members report being fearful of this particular student.

Yes / No - Has the student displayed a high level of anger clearly inappropriate to a given provocation or event.

Yes / No - Has the student expressed violent ideation in verbal speech or writing.

Yes / No - Has the student justified the use of his own aggression or violence to solve a problem.

Please know that answer YES to any of the above questions, does NOT eliminate the student from placement at Evergreen Academy, however, a Student Safety Assessment will be conducted prior to an Intake meeting being scheduled.



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Student Interview

FOR Regional Safe School Program, McHenry County ONLY

The information on this page is important to you, your fellow students and the Regional Safe School staff. By knowing what you want and what you have to contribute, we can plan a challenging, meaningful educational program.

Date: _____

PERSONAL

Name _____ Sex: _____

Address _____

City/State /Zip _____

Phone _____ DOB _____ Age _____

Medications _____

FAMILY

Presently living with _____ Father/Guardian

#1 Name _____

Address _____ Phone _____

Mother/Guardian #2 Name _____ Address

_____ Phone _____ How do you get along

with your family members? _____

What things does your family do together? _____

What responsibilities do you have at home? _____

How do you get your spending money? How much? _____

What would you change about your family if you could? _____

What kinds of behaviors cause problems for you at home? _____

Have there been any recent deaths in the family? _____



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What does the Regional Safe School Program offer that you want or need? _____

Do you receive any support services at school such as social work or mentoring? If so what services?

Have you repeated a grade? _____ If yes, what grade _____ Do you do homework? When? Where? _____ What do you like most about school? _____ What do you like least about school? _____ Do you work part time? _____ Where? _____ Who is your favorite teacher? _____

When you are absent from school what do you do? _____

What do you think would help you succeed better in school? Please be specific.

STUDENT INTERESTS

Describe any special interests or talents? _____

Are there some things you wish you could do? _____

Name 3 things you like about yourself?

1. _____

2. _____

3. _____

Name 3 things you would like to change?

1. _____

2. _____

3. _____

How would you change them? _____

How do you handle anger and or when you feel upset? _____

What is your greatest accomplishment? _____



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VOCATIONAL PLAN

What do you plan to do after graduating from high school? _____

College / Tech School? _____

Short-Term Employment? _____

Long-Term Career Goals? _____

Post-High School Living Arrangements? _____

DRUGS, ALCOHOL, AND TOBACCO

Do you use tobacco or other substances that contain nicotine? If so what type. _____

Do you use alcohol or drugs? _____

If so what, how often, when, where, with whom _____

Have you ever been concerned about your use of alcohol or drugs? _____

Do you have a family history of alcoholism or substance abuse? _____

OTHER AGENCY INVOLVEMENT (I.E. Probation, Public Aid, Drug/Alcohol Treatment, Counseling)

Student Signature _____ **Date** _____

School Liaison Signature _____ **Date** _____



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YOUTH INFORMATION FORM - PARENT INTERVIEW

Name: _____ Age: _____ DOB: _____

Form Completed by: _____

Presenting Problems:

Please describe the problems for which you and your child are seeking help:

How do these problems interfere with your child's daily life?

Do these problems seem related to something that's happened in your child's life? NO YES

If Yes, please describe: _____

When did these problems start? _____

Are there times when these problems seem less intense or more intense? NO YES

If YES, Please describe: _____

What would you like as the outcome of treatment? _____

Harm Concerns:

Does your child currently have thoughts of harming himself/herself in any way? NO YES

In the past has your child had thoughts of harming himself/herself or attempted to harm themselves in any way? NO YES

Does your child currently have thought of harming someone else in any way? NO YES

Has your child ever been emotionally, physically, or sexually abused? NO YES



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Mental Health and Substance Abuse Information for Client and Family:

Please list all previous outpatient and inpatient mental health or substance abuse treatment your child has received:

Name of Place	Location	Dates

Were there things that were especially helpful from any past treatment? NO YES

If YES, please describe: _____

Please list psychiatric medications your child took in the past but **IS NOT** taking now:

Name of Medication	Reason	Prescribed by	Dates

Please list any family history of mental health/substance abuse problems/treatment for grandparents, parents, uncles/aunts, and siblings: _____

Have friends or family members attempted or committed suicide? NO YES

If YES, please describe: _____

Alcohol, Drug, and Tobacco Use:

Does your child use alcohol: NO YES

Does your child currently use illicit/illegal/abuse prescription drugs? NO YES

Has your child used alcohol in the past? NO YES

Has your child used illicit/illegal/abuse prescription drugs? NO YES

Does your child currently use tobacco? NO YES

Has your child used tobacco in the past? NO YES



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Current Medical Information:

Please list any major physical illnesses or problems: _____

Please list any drug allergies or adverse reactions to medications: _____

Who is your child's primary care physician? _____

Please list all prescription medications s/he is currently taking:

Name of medication	Purpose	Prescribed by

Psychosocial History:

Prenatal and Perinatal History:

Were there any problems with pregnancy and/or delivery? NO YES

Was there any evidence of defect or injury at birth? NO YES

Were there any maternal health problems during the pregnancy? NO YES

Did any of the following occur for the mother during the pregnancy?

Tobacco use: NO YES

Alcohol use: NO YES

Drug Use (including prescription abuse): NO YES

Medication Use: NO YES

Developmental Milestones:

Were there any noticeable delays in the child's learning to:

Walk: NO YES

Say single words: NO YES

Say 3-4 word sentences: NO YES

Use the toilet: NO YES

Current Living Situation and Background Information:



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Biological Parents:

Current primary caregiver(s):

Name	Relationship to child (biological, step, adoptive, foster parent, other)

Siblings:

Name	Age	Gender	Relationship (full/half/step)	Currently Lives with the child?

Previous caregiver(s): (If different than current caregiver)

Name	Relationship to child (biological, step, adoptive, foster parent, other)

Places Lived:

Location	Age	Primary Caregiver(s)

Schools Attended:

Name/Location	Grade Level(s)



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Current School: _____

Does your child have problems:

With school subjects? NO YES

Getting along with other students? NO YES

Following school rules? NO YES

Does your child participate in school-sponsored activities? NO YES

Please describe your child's attitude towards school: _____

Employment:

Is your child currently employed outside of the home? NO YES

Place of Employment? _____

Social and Leisure Activities:

Please describe your child's social relationships outside of school:

Please list your child favorite leisure activities: _____

Please list social or community organizations to which your child belong: _____

Past and Current Legal Involvement:

Does your child have past legal convictions? NO YES

Is your child currently on probation or parole? NO YES

Does your child have pending legal charges? NO YES

Additional Information:

Please describe any additional information you feel is important to know: _____

Preferences:

Day/Time: _____

Location: _____

Therapist: _____



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AIMS:

Admission CSR Risk Factors:

Has there been a past known report of physical abuse? NO YES

Has there been a past known report of sexual abuse? NO YES

Has there been a past known report of neglect/emotional abuse? NO YES

Is there any known history of your child running away overnight? NO YES

Is there any known history of your child attempting to harm themselves? NO YES

Is there any known history of your child abusing alcohol/drugs? NO YES

Special Education Information:

Is your child identified as having an IEP? NO YES

If yes, circle below all that apply, specific to the child's IEP:

1. MR/DD
2. Physical Disabilities
3. Emotional/Behavioral Disability
4. Gifted
5. Learning Disability

Is your child identified on a 504 school plan? NO YES

Average Academic Performance: (please circle one)

1. Failing (F)/Unsatisfactory
2. Below Average (D)/Unsatisfactory
3. Average (C)/Satisfactory
4. Above Average (A or B)/Highly Satisfactory
5. Unknown/Not Applicable

Medicaid/KHS Registration:

Does your child have any health risks? NO YES

Does your child have any chronic illness? NO YES

Has your child had a visit/check-up with your primary care physician within the last 12 months?

NO YES

Does your child get regular preventative health screens? NO YES