



McHenry County Regional Safe Schools Program  
EVERGREEN ACADEMY  
6506 National Street, Union, IL 60180  
Phone: 815-923-2789 Fax: 815-923-4450

## 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](mailto:nstone@evergreenacad.org) or Fax to: 815-923-4450

### 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
- ☐ Discipline History & Intervention(s) attempted to date.
- ☐ 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.**

## 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
<b>Name</b>		
<b>Address if not with student</b>		
<b>Home Phone</b>		
<b>Cell Phone</b>		
<b>Work Phone</b>		
<b>Email</b>		
<b>Lives with</b>		
<b>Custody</b>	<b>Joint / Sole / None</b>	<b>Joint / Sole / None</b>
<b>Emergency Contact</b>	Name/Relationship	Phone

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

## Referral Information

Reason for Referral: \_\_\_\_\_

Terms of Exclusion: \_\_\_\_\_

Date Eligible to Return: \_\_\_\_\_

### Specific Rationale for Referral:

### General Behavior (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

### 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	

Please note other significant information regarding discipline if needed.

### Attendance History

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

<b>Unexcused Absences</b>	
<b>Excused Absences</b>	
<b>Late Arrival to School</b>	
<b>Class Cuts/Skip</b>	
<b>Class Tardies</b>	
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 so 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.**

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

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### Current Grades & Credit Status

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Referring School: \_\_\_\_\_ Terms of Exclusion: \_\_\_\_\_

District Liaison: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

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

Course	Current %

Course	Current %

**Will the student require the following exams?**

U.S Constitution Exam: ☐ Required ☐ Not Required

Illinois 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 COURSES	Sem.1	Sem. 2	CREDIT	CORE COURSES	Sem.1	Sem. 2	CREDIT
English 9 (1.0)	<input type="checkbox"/>	<input type="checkbox"/>	_____	Physical Education (Total)			_____
English 10 (1.0)	<input type="checkbox"/>	<input type="checkbox"/>	_____	PE Elective: _____			_____
English 11 (1.0)	<input type="checkbox"/>	<input type="checkbox"/>	_____	PE Elective: _____			_____
English 12 (1.0)	<input type="checkbox"/>	<input type="checkbox"/>	_____	Health (.5)			_____
Pre-Algebra (1.0)	<input type="checkbox"/>	<input type="checkbox"/>	_____	Drivers Ed (0.5)			_____
Algebra I (1.0)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<b>ELECTIVE COURSES</b>			
Algebra II (1.0)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ (.5)			_____
Geometry (1.0)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ (.5)			_____
Pre-Calculus (1.0)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ (.5)			_____
Biology (1.0)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ (.5)			_____
Earth Science (1.0)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ (.5)			_____
Physical Science (1.0)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ (.5)			_____
Chemistry (1.0)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ (.5)			_____
World History (1.0)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ (.5)			_____
(Global Studies)				_____ (.5)			_____
U.S. History (1.0)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ (.5)			_____
Government (0.5)			_____	_____ (.5)			_____
Civics (0.5)			_____				
Economics/Consumer Ed (0.5)			_____				

**NOTES:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

APPLICATION FOR FREE MILK/MEAL AND REDUCED-PRICE MEALS—Complete One Application Per Household Per School District. Instructions on back.

## SCHOOL USE ONLY

☐ Check if Error Phone Application

**NAMES OF ALL HOUSEHOLD MEMBERS**

First, Middle Initial, Last

(for student only)  
School Name \_\_\_\_\_

by Student only  
Grade:

**SNAP OR TANF CASE NUMBER ONLY** Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/ TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you **MUST** apply based on household size and income.

Check if  
Foster  
Child

[illegible]

\* A foster child is the legal responsibility of a welfare agency or court.

☐ Homeless    ☐ Migrant    ☐ Runaway    ☐ Head Start

Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director

Order

GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 twice a month; \$100/every other week; \$100/week)

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemploy- ment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the *I do not have a social security number* box.

X X X - X X -  
Social Security Number

☐ I do not have a social security number.

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Date	Printed Name of Adult Household Member	Signature of Adult Household Member
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Work Telephone Number (Include Area Code)	Home Telephone Number (Include Area Code)	Home Address (Number, Street, City, State, Zip Code)

Mark one ethnic identity:

☐ Hispanic/Latino

☐ Not Hispanic/Latino

Mark one or more racial identities:

☐ Asian ☐ Black or African American  
☐ White ☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

– THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY –

### INITIAL DETERMINATION

TOTAL INCOME \$ \_\_\_\_\_ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year NUMBER IN HOUSEHOLD: \_\_\_\_\_ CHANGE IN STATUS: \_\_\_\_\_ Date \_\_\_\_\_

LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.

Annual Income Conversion    Weekly X 52    Every 2 Weeks X 26    Twice a Month X 24    Once a Month X 12

☐ **Free based on:**

☐ homeless  
☐ migrant  
☐ runaway  
☐ Head Start

☐ Reduced based on:

☐ household's income

☐ Denied—Reason:

☐ Income too high  
☐ Incomplete application  
☐ Non-qualifying SNAP/TANF

Date Withdrawn: \_\_\_\_\_

Signature of Determining Official

Date: \_\_\_\_\_

## Student Interview

### Regional Safe School Program, McHenry County

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? \_\_\_\_\_

What does the Regional Safe School program offers that you want or

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need? \_\_\_\_\_

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

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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.

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**STUDENT INTERESTS**

Describe any special interests or talents? \_\_\_\_\_

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Are there some things you wish you could do? \_\_\_\_\_

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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? \_\_\_\_\_

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What is your greatest accomplishment? \_\_\_\_\_

**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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Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Presenting Problems:**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ How do these problems interfere with your daily life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do these problems seem related to something that's happened in your child's life?

NO YES If YES, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

About 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 him/her self in any way? NO YES

In the past, has your child had thoughts of harming him/her self or attempted to harm him/her self in any way? NO YES

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

Does your child have a history of violence towards others? 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 isn't 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 currently use alcohol? NO YES

Does your child currently use street drugs? NO YES

Has your child used alcohol in the past? NO YES

Has your child used street drugs in the past? NO YES

Does your child currently use tobacco? NO YES

Has your child used tobacco in the past? NO YES

**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? When and why did s/he last see the 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 the 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

Street drug use: 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

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Use the toilet: NO YES

Current Living Situation and Background Information:

Biological parents: \_\_\_\_\_  
\_\_\_\_\_

Current primary care giver(s):

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

Brothers/sisters:

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

Previous caregiver(s): (if different from current caregivers)

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

Places lived:

Location	Age	Primary caregiver(s)
_____		
_____		
_____		
_____		

Schools Attended:

Name/location	Grade level(s)
_____	
_____	
_____	
_____	

Current school: \_\_\_\_\_ Grade level: \_\_\_\_\_

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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 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's favorite leisure activities: \_\_\_\_\_  
\_\_\_\_\_

Please list social and community organizations to which your child belongs: \_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_

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Location: \_\_\_\_\_

Therapist: \_\_\_\_\_

**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 self? NO YES

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

**Special Education Information:**

Is your child identified on 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 Disturbance
4. Gifted
5. Learning Disability

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

**Average Academic Performances:** (please circle)

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