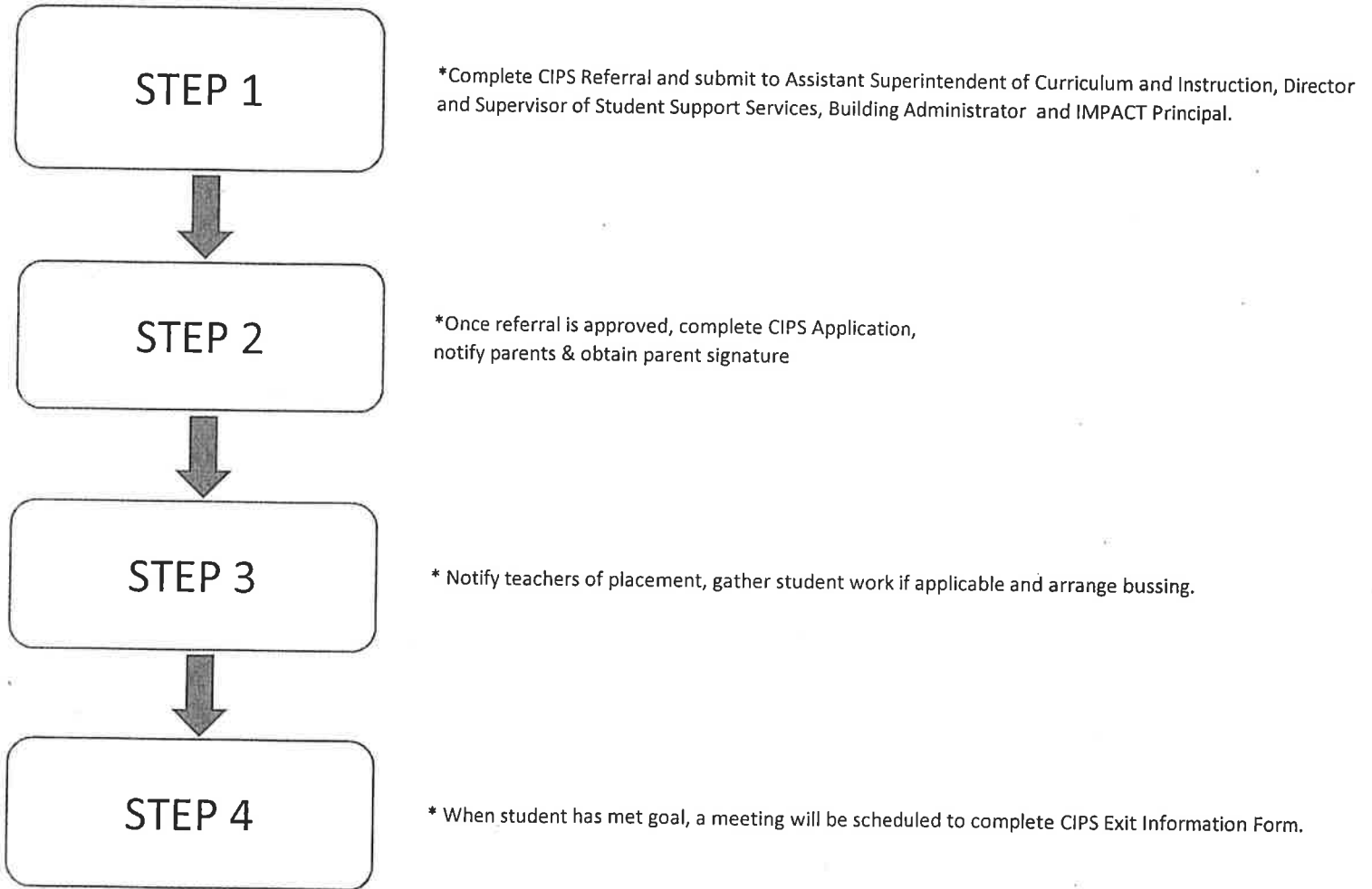
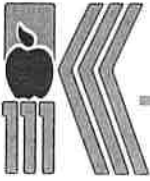


## CIPS Building Process for Long Term Placement





**KANKAKEE SCHOOL DISTRICT 111**

DR. GENEVRA A. WALTERS  
SUPERINTENDENT

STUDENT SUPPORT SERVICES  
369 NORTH FIFTH AVENUE  
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**Crisis Intervention Program  
Stabilization Referral Form**

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ School ID #: \_\_\_\_\_

Type of programming requesting:

TYPE OF PROGRAM PLACEMENT:

\_\_\_\_\_ CIPS at Kankakee Junior High School

\_\_\_\_\_ CIPS at Kankakee High School

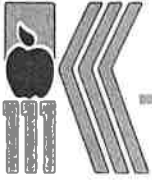
\_\_\_\_\_ CIPS at Avis Huff

\_\_\_\_\_ CIPS Tutoring

\_\_\_\_\_ Other

Reason: \_\_\_\_\_

Number of days requested: \_\_\_\_\_



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## CIPS APPLICATION

All documents below must be submitted in order for application to be complete.

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Current Schedule

\_\_\_\_\_ Current Grades

\_\_\_\_\_ Transcript / Credit Count

\_\_\_\_\_ IPS form (for placements extending past 10 days, when applicable)

\_\_\_\_\_ Parent Contact Log

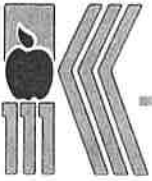
\_\_\_\_\_ Health History (Skyward)

Kankakee School District referring Staff will:

- Complete necessary documentation for CIPS placement.
- Send assignments for student to CIPS program for placements 10 days or less.
- Provide continuing education and behavioral support for students.
- Will identify transportation needs and request bus changes, when applicable.
- Will maintain communication with CIPS Staff & Student.

Kankakee School District CIPS Teacher will:

- Teach subject matter that is cohesive with student transcript/grade.
- Supplement with computer program and additional assignments needed.
- Maintain records/grade book.
- Comply with referring school's other requirements (example: 11th grade research paper)
- Provide work & grades for students placed 11 days or more



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**CRISIS INTERVENTION PROGRAM STABILIZATION APPLICATION**  
( Completed by referring school)

Student: \_\_\_\_\_ ID #: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone (Mom): \_\_\_\_\_ Work Phone (Dad): \_\_\_\_\_

\*\*\*\*\*

**School Information**

School Name: \_\_\_\_\_

School Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*\*

**CIPS Placement Information**

**TYPE OF PROGRAM PLACEMENT:**

<input type="checkbox"/> CIPS at Kankakee Junior High School	<input type="checkbox"/> Student is allowed to attend school events
<input type="checkbox"/> CIPS at Kankakee High School	<input type="checkbox"/> Student is NOT allowed to attend school events
<input type="checkbox"/> CIPS at Avis Huff	
<input type="checkbox"/> CIPS Tutoring	
<input type="checkbox"/> Other _____	

Transportation: \_\_\_\_\_ Student has an IEP: \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent/Guardian will transport \_\_\_\_\_

Bussing Requested \_\_\_\_\_ Related Services: \_\_\_\_\_

CIPS Start Date: \_\_\_\_\_

Please fill in the number of days this student will attend

Number of Days: \_\_\_\_\_

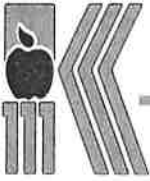
Select from these choices:

- Enrollment days (number of days regardless of absences)
- Attendance days (must be present this number of days)
- Successful days (must earn 80% of points based on daily progress report)

If placed 10 days or more, Skyward drop date will be: \_\_\_\_\_

Administrators Signature

Parent/Guardian Signature



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Date Form Completed: \_\_\_\_\_

## Physical Restraint Notification Form

The behavioral management system utilized at Kankakee School District #111 serves to assist students in gaining more self-control and assuming more responsibility for their behavior. The techniques employed are widely recognized as an effective intervention for strengthening appropriate student behavior and for weakening inappropriate behaviors. The Behavior Management System is designed to treat each student in a fair, reasonable, and systematic manner and to provide the student with a consistent and predictable school environment.

A child may be removed from the classroom to serve a brief time out for disruptive behavior, which interferes with other students' ability to learn. It is only when the child's behavior escalates to the point where the child is no longer in control of his/her behavior that a physical restraint may be implemented.

Physical restraint does not include momentary periods of physical restriction by direct person to person contact to prevent a student from completing an act that would result in potential physical harm to himself, herself, or others, or damaging to property of to remove a disruptive student who is unwilling to leave the area voluntarily.

A physical restraint will only be employed when:

- a. The student poses a physical risk to himself, herself, or others.
- b. There is no medical contraindication to its use.
- c. The staff applying the restraint has been trained in its safe application.

It is our goal to manage our students' behaviors through positive means and through systematic, prescribed steps, which will largely eliminate the need for physical control. When physical restraint is employed, staff will utilize a minimal amount of force necessary to control the student and to ensure the student's safety and dignity.

A child will be released from physical restraint immediately upon determination by the staff members initiating the restraint that the student is no longer an imminent danger to causing physical harm to himself, herself, or others.

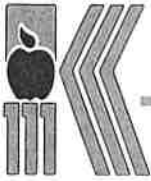
The school will send written notice of any incident of physical restraint to parents/guardians within 24 hours of the incident. The notification will include the student's name, the date of the incident, and a description of the intervention used, and the name of the contact person for further information.

I have received a copy of the Behavior Management System and agree to the procedures used at Kankakee School District #111. I understand that acceptance of these procedures is a necessary condition for admittance into the program or continuation of services.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name



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## CIPS ENTRANCE & EXIT INFORMATION FORM

(Completed by CIPS Staff)

Student Name: \_\_\_\_\_ ID # \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Intake Information

Date Application Received \_\_\_\_\_

CIPS Start Date: \_\_\_\_\_

For students placed 11 days or more, date student was entered into IMPACT Skyward on: \_\_\_\_\_

### Reason for Placement

- Enrollment days (number of days regardless of absences)
- Attendance days (must be present this number of days)
- Successful days (must be present and earn enough points to make their day)

- Student is allowed to attend school events
- Student is NOT allowed to attend school events

Goal: \_\_\_\_\_

### Exit Information

CIPS Exit Date: \_\_\_\_\_

Home School Notification Date: \_\_\_\_\_

- All work completed and sent to Secretary
- CIPS Application returned to Administrator

### Grades up to date & attached:

- YES
- NO

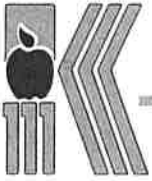
### Transportation:

- Parent/Guardian will transport
- Bussing requested

Total number of days at CIPS: \_\_\_\_\_

### Plan for attendance and grades:

### Support Plan for transition back to Home School & Classroom:



# CIPS

Student Name: \_\_\_\_\_ Grade: \_\_\_\_ Teacher: \_\_\_\_\_ Subject: \_\_\_\_\_

**Instructions:** Please provide 5 days of work. You will have 48 hours to gather work for the student. Once you have gathered the work please write in the boxes below what the assignment is for each day. Use this form as a cover sheet for the packet of work being sent.

## 5 Days of work

Day 1  DATE  _____		<u>Complete</u>
Day 2  DATE  _____		
Day 3  DATE  _____		
Day 4  DATE  _____		
Day 5  DATE  _____		

**CIPS Instructor:** Please check off whether the student's assignments were completed.