

Academy

Therapeutic Day School

Program Handbook

2010-2011

The Vision of Schools in Livingston County

Education is directed at aspects of human development, emotional, social, and intellectual so each student will become best citizen of which she is capable, with a motivation for life-long learning. We, as a community, are committed to providing a nurturing and healthy environment in which all students can learn.



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The Mission of the Livingston County Special Services Unit

1. The educational needs of all students are identified and addressed by providing a broad range of high quality services.
2. The knowledge and skills of educators, parents, students and the community are utilized and expanded as they collaborate efforts and ideas to design, implement, evaluate and maintain effective educational programs.
3. Programs are developed that promote healthy and nurturing environments and address the emotional, social and intellectual needs of students.

The Goals of the Livingston County Special Services Unit

1. All students are educated in their home school with appropriate supports to ensure success.
2. Student assistance teams are implemented in every school through technical assistance and support by the LCSSU staff.
3. An assessment system is implemented which provides appropriate data for planning, implementing, and evaluating effective intervention programs.
4. A written plan, which is developed through a joint effort by the LCSSU staff and member school districts, provides educational opportunities and support for parents and students.
5. Partnerships are created within the community to help students reach their educational goals.

Student Rights & Responsibilities

The Livingston County Academy program can provide a rewarding experience both academically and socially. In order to ensure meaningful learning experiences, each student must enjoy certain rights and must also assume certain responsibilities.

Student Rights

Every student has the right to:

- An atmosphere that promotes life-long learning;
- An opportunity to express opinions and ideas in an appropriate manner, time, and place;
- Be treated in a courteous and respectful manner;
- Be proud of their school.

Student Responsibilities

Every student has the responsibility to:

- Attend school daily;
- Be prepared to learn;
- Display behaviors that are appropriate and acceptable within an educational environment;
- Be respectful and cooperative with peers, school staff and visitors;
- Follow all school rules and safety procedures;
- Respect the property of others;
- Dress for success. *“If you look good, you will feel good.”*

Academy

A program designed to build positive social and emotional skills

The Program

The Academy school program is designed for students in grades 1 – 5. The program serves those students who have had a history of struggling within the education system. Each student has an Individualized Education Plan and receives specialized and individualized instruction in the areas of academics, social emotional development, and behavior. The staff will continuously develop creative classroom projects to motivate student interest, explore their emotions, and enhance their cooperation to improve academic skills. The goal of the Livingston County Academy program is to provide students with the skills and strategies they will need to facilitate their integration back into the public school system. In addition to the individualized academic support that each student receives, the students also receive specialized supports and training in:

- Aggression Replacement Training
- Role Playing of Positive Life Skills
- Participation and Involvement in Community Experiences
- Adaptive Physical Education
- Counseling Services

Related Services

Related services such as Counseling, Adaptive Physical Education, Transportation, Physical Therapy, Occupational Therapy, and Speech/Language Therapy will be provided to each student as determined by the IEP team. A collaborative effort will be employed by the staff as these services will be offered individually, or in small groups, and either in the classroom or therapy room, as appropriate. Co-implementation of goals by all staff will assist each student in bridging skills, learned in one environment, to various other environments including the local community.

Criteria

1. Eligibility for special education and placement at Academy has been determined through the IEP process.
2. Student is currently in grades 1 - 5.
3. The student demonstrates severe social emotional deficits which interfere with:
 - Social Interaction
 - Adaptive Skills
 - Access to the general curriculum or age appropriate activities

Enrollment

A student's educational team may request enrollment of a student into the program through the IEP process. There has to be a documented history of academic, social, or behavior difficulties; as well as, documented interventions that have either not been successful, or require resources beyond what the home school can provide. A student data sheet, a copy of special education eligibility, previous interventions or programming tried, and a written request for enrollment by the local school district's Principal or Superintendent must be submitted to the LCSSU Assistant Director. The student and parent/guardian must visit the Academy program before the student can be enrolled. Final decision on enrollment is done at the IEP meeting once all of the requirements have been met.

School Hours

Attendance Days	Monday – Friday
Arrival	8:00 am
Breakfast	8:00 – 8:15
Lunch	12:15 – 12:30
Dismissal	2:00 pm

* Early Dismissal 11:15

*Check school calendar for Early Dismissal days

Withdrawal from School

Parents or guardians must notify the school office as soon as it is determined that a student will no longer be attending the Academy program. Student records will be forwarded as soon as written permission for their release is received.

Emergency Information

Parents/guardians should notify the school at any time during the year if there are any changes in addresses, phone numbers, or names of emergency persons or physicians, or if there is a change in their place of employment. In the event of an emergency or student illness, parents will be contacted. If it is not possible to contact the parent/guardian, the person designated on the registration form will be called. It is imperative that this information be accurate.

Building Entrance

Livingston County Academy is located within the main building of Livingston County Special Services Unit at 920 Custer Avenue, Suite A, Pontiac, IL. The main entrance is located on the North side of the building. Upon arrival, visitors use the speaker to announce their arrival. The LCSSU receptionist will unlock the door for you. Once in the building, enter the door on the left to enter into the Academy.

All visitors are required to sign-in at the front receptionist desk. If parents want to confer with a teacher, an appointment must be made. Contact with the building Principal must be made prior to any desired visit. All visitors must be escorted in the building by an Academy staff member.

Continued Enrollment and Transition

Students continued enrollment in the Academy program will be determined by their needs at the annual IEP meeting.

At any time during a school year, if the staff of the Academy program feels a student is ready to begin a transition back to their home school, requires a less intensive program, or requires services beyond those available at the Academy, an IEP meeting will be called. Parents and staff of the home school will be invited to assist in the planning of this transition.

Forms

- Enrollment/Emergency Card (2 pages)
- Parent Authorizations
- Medical Information
- Request for Self-Administration of Medication

Academy
Enrollment/Emergency Card (Page 1 of 2)

Student Legal Name _____

Address _____ City _____ State _____

Zip _____ Home Phone _____ Cell _____

Male _____ Female _____ Date of Birth _____

School Year _____ Date of Enrollment _____ Date of Withdrawal _____

Allergies: (If so, please list.) _____

Diabetic: Yes _____ No _____ Heart Disease: Yes _____ No _____

Other Medical Concerns: _____

(Optional) Ethnic Origin _____ Native Language _____

Student's Social Security # _____ Student's Medicaid # _____

Bus Student: Yes* _____ No _____ Bus Number _____ * If yes, does student ride 1½ miles or more? Yes _____ No _____

Name of Father/Guardian _____

Address _____ City _____ State _____

Zip _____ Home Phone _____ Cell Phone _____

Where Employed _____

Work Address _____

Work Phone _____ Ext. _____

Name of Mother/Guardian _____

Address _____ City _____ State _____

Zip _____ Home Phone _____ Cell Phone _____

Where Employed _____

Work Address _____

Work Phone _____ Ext. _____

Academy
Enrollment/Emergency Card (Page 2 of 2)

Brother/Sisters

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

IN CASE OF EMERGENCY, CONTACT: (Other than parent or guardian)

Primary: Name _____ Relationship _____

Address _____

Phone _____ Cell _____

Secondary: Name _____ Relationship _____

Address _____

Phone _____ Cell _____

IN CASE OF SERIOUS ACCIDENT, THE SCHOOL HAS PERMISSION TO CALL:

Dr. _____ Phone _____

* If you or the physician of choice cannot be reached in an emergency, do you authorize the school authorities to send your child to an available hospital or physician to start treatment?

Yes _____ No _____

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Academy

PARENT AUTHORIZATIONS

Directions: Place a check mark on the line to the left of each statement for which you give permission. Please sign your child's name and your name on the appropriate lines at the bottom and fill in the date.

___ **LCSSU Parent/Student Handbook**

I have received and reviewed the LCSSU Parent/Student Handbook.

___ **Academy Program Handbook**

I have received and viewed the Academy Program Handbook.

___ **Technology Code of Conduct**

I have read the Technology Code of Conduct and understand that access is designed for educational purposes only. I will hold harmless LCSSU, its employees, and administrative board, for any harm caused by materials or software obtained via district networks.

___ **Student Cumulative Folder**

I understand, as a parent, that I have permission to review my child's cumulative folder at any time during the school year in the presence of a school official.

___ **Field Trips**

I hereby give my permission for my child to take all regular scheduled field trips. I understand that I will be notified of all such trips and should I find the trip objectionable, I may notify the school office and can rescind this permission.

___ **Picture Procedure**

I give permission for my child to have his/her picture taken for possible use in the newspapers, for the LCSSU Website or for educational purposes.

___ **Videotaping Procedure**

I give permission for my child to be videotaped for classroom training presentations and transition purposes only. I also understand that while videotaping is used for safety purposes in public access areas of the school, these materials are confidential in nature and may be accessed by school administration only.

Student Name: _____

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

**Academy
Medical Information**

Student's Name: _____

Date of Birth: _____

Please list all your child's doctors:

Doctor	Phone Number
1.	
2.	
3.	

Does your child have asthma? (Circle one) Yes No

Allergies (be specific): _____

List any other medical condition, diagnosis or concerns: _____

Please indicate all medications your child is currently taking: (at home and at school)

Medication	Dosage	Times taken each day
1.		
2.		
3.		
4.		

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Academy

Request for Self-Administration of Medication

To the Licensed Prescriber:

When it is necessary for a student to receive medication according to the procedure on the reverse of this request, the following information must be provided:

_____ should take _____
(Name of Student) (Dosage)

of _____ at _____
(Name of Medication) (Time of Day)

for _____.
(Period of Time)

Diagnosis of disease or injury _____

Desired benefits of medication _____

Medication side effects _____

Other medications student is receiving _____

Prescriber's name (print or stamp) _____

Prescriber's signature _____

Telephone _____ Date _____

I give permission for _____ to SELF-ADMINISTER the medication as prescribed above. I agree to the terms of the procedure as stated in Section 5 of the handbook. I further completely release and excuse the Academy Program and its employees and agents of any liability or obligation of any nature in any way related to the medication policy and procedure.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date