

**Livingston County**  
**SAILS I**  
**&**  
**SAILS II**

**Strategies for Achieving Independent Lives for Students**

**Program Handbook**

**2011-2012**

# SAILS I & SAILS II

## **Strategies for Achieving Independent Lives for Students A program designed to build communication skills**

### *Communication*

Communication begins at birth when a baby cries from hunger or discomfort. Smiles help us know when babies are comfortable. Communication develops from those different cries and smiles, to simple gestures, cooing, babbling, “baby talk”, and then into understandable words.

We take this process for granted, but it is work for the young child to coordinate muscle movements, breathing patterns, voice control, and to understand the language structure being used by their families. Only when communication does not follow the regular pattern of development do we begin to think about the many aspects a child has to master in order to communicate their wants and needs. Children may withdraw from the world with frustration and fear and behaviors may develop because the child is not able to communicate.

### *The Program*

Strategies for Achieving Independent Lives for Students (SAILS) is designed as a program to assist young students in developing and using communication systems. SAILS I is a preschool environment with up to 5 students per session. A full time teacher and paraprofessional work with students of the ages 3 -6 years. TEACCH, PECS, work systems, daily visual schedules, voice output devices, and parent support are all part of the program. Students have the opportunity to use specialized equipment in the “Sensory” room to meet their needs. SAILS II is a continuation of the program where a full time teacher and paraprofessional work with up to 6 students. It utilizes all of the same special techniques and equipment but focusing on refinement of communication skills. In addition, more academic skills and participation in the general curriculum are provided. Expanded opportunities for inclusive participation with same aged peers in one of LCSSU’s member school district buildings can be provided if appropriate for any student.

Both levels of the SAILS program work towards the goal of the students being served in their home school district programs. If a student in either level is ready to transition to their home school and the IEP team agrees this is most appropriate then a transition plan is designed and implemented. SAILS staff works closely with the receiving school to assure all supports are in place to assist in the student’s success.

## ***Related Services***

Related services such as Physical Therapy, Occupational Therapy, and Speech/Language Therapy, etc. 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. The therapy room will allow the program to meet the student's fine and gross motor skill needs. Specialized equipment and the use of "sensory breaks" are utilized in both levels of the SAILS program. Under the direction of the registered Occupational Therapist, the staff implements sensory diets, or techniques to meet the unique needs per student.

## ***Criteria***

The student has been made eligible for special education services to meet instructional needs with goals focused on development or refinement of communication skills. Sensory integration needs may be great enough to interfere with learning also. It has been determined by the IEP team that goals cannot be met in the home school district's programs.

Student is between the ages of 3-6 years for SAILS I, or 6-9 years for SAILS II (*If the student is 6 years of age and continues to need a preschool environment to meet needs they will attend SAILS I. If a student is ready to move on to an academic environment they will attend SAILS II*)

## ***Enrollment***

A student's educational team may request enrollment of a student in the program by completing the green SAILS I / SAILS II folder. These folders are available from members of the Autism Team. 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 included in the green folder. The student's family must visit the SAILS I / SAILS II 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. A member of the Autism Team MUST be present at this placement meeting.

## **School Hours**

### SAILS I

Morning Session 8:00 – 11:00

Afternoon Session 11:15 – 2:15

### SAILS II

Full Day Session 8:00 – 2:30

## **Attendance**

Regular attendance is directly related to successful educational experiences. Illinois law requires that a child between the ages of seven and seventeen attend school. Any time that a student cannot attend school, a parent or guardian must call the school to report the absence. If a phone is not available, a written note the following day from a parent, guardian, or physician is acceptable.

## **Illness Procedures**

Children with flu-like illness should remain home and away from others until at least 24 hours after they are free of fever (100 F [37.8 C] or greater when measured orally), or signs of a fever without the use of fever-reducing medications.

If staff identifies flu like symptoms, or your child begins to run a fever, you will be contacted to come pick your child up.

## **Prearranged Absences**

Any time that a parent/guardian knows in advance that their child will be absent from school due to family vacations (those unable to be scheduled to another time) or other unavoidable circumstances not considered excused, the parent/guardian must contact the Program Supervisor to request considerations for a prearranged absence. The staff is willing to assist the parent in designing a schedule for the child while gone, if notified well in advance of the absence.

## **Procedure for Leaving School Early**

A parent or guardian may make a request in writing, by phone, or in person in order for a student to leave school early. This should be taken care of in advance whenever possible. This allows the staff to build into the student's schedule the planned change. The adult picking up the student needs to come to the school office and sign the student out. Staff will then bring the child to the parent. Parents are not allowed beyond the front desk during school hours without a staff escort.

## **Arrival and Dismissal Procedures**

Parents are to sign-in their child at the front desk. Staff will escort the child to the classroom. Parents are not allowed into the classroom areas without a staff escort.

### **Withdrawal from School**

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

### **Emergency Information**

Parents will be notified if a student becomes ill or has an accident at school. A parent will be asked to come for the student. If it is not possible to contact the parent, the person designated on the registration form will be called. It is imperative that this information be accurate. Parents 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.

### **Field Trips**

Field trips may be planned throughout the year as part of the educational program. Parents will be notified by the classroom teacher or group sponsor about time, special clothing needs, sack lunches, etc. Permission forms must be signed to allow student to participate. (See forms section)

### **Parent-Teacher Conferences**

The SAILS I / SAILS II program will set aside parent-teacher conference day(s). Parents and/or teachers may arrange conferences as needed. Parents should contact their child's teacher to arrange an appointment. Parents who have a concern should talk with the teacher first and then administration, if necessary.

### **Visitors to Program**

All visitors shall check in with the Secretary in the front office. If a parent wishes to confer with a teacher, an appointment must be made. Should the parent want to visit to observe their child or the program, arrangements must be made with the teacher in advance. The SAILS I / SAILS II program encourages parents to visit to see how the child functions with their communication system. The parent's picture will be put on the child's schedule to provide the child with the knowledge of the parent's visit.

The Administration reserves the right to refuse visitors when there is reason to believe the visit would disrupt the educational process.

## **Continued Enrollment and Transition**

Students continued enrollment in the SAILS I / SAILS II program will be determined by their needs at the annual IEP meeting. When the child reaches 7 years of age, the decision of placement outside the SAILS I / SAILS II program will be discussed. The student may stay in the program until the end of the school year but must have a change of placement at that time.

At any time during a school year, if the staff of the SAILS I / SAILS II program feels the student is using a communication system efficiently and is ready to begin a transition back to their home school or a less intensive program, an IEP 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
- Parent Authorization
- Medical Information
- Request for Self-Administration of Medicine
- Free/Reduced Meal Program – Letter to Households
- Application for Free/Reduced Meals

**SAILS I / SAILS II**  
**Enrollment/Emergency Card**

Student 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. \_\_\_\_\_

**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

# SAILS I / SAILS II

## 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.

\_\_\_\_ **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.

\_\_\_\_ **Parent/Student Handbook**

I have received and reviewed the Parent/Student Handbook.

\_\_\_\_ **School Handbook**

I have reviewed and am responsible for the contents of the LCSSU School Handbook and the SAILS I / SAILS II handbook.

\_\_\_\_ **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 training presentations.

\_\_\_\_ **Videotaping Procedure**

I give permission for my child to be videotaped for classroom and transition purposes.

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# SAILS I / SAILS II

## 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

# SAILS I / SAILS II

## 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 SAILS 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