

SPEED District #802



CRISIS INTERVENTION BEHAVIORAL STABILIZATION

SPEED provides short-term placements for students with disabilities in need of emotional and behavioral supports. CIBS is offered as an intervention to strengthen social-emotional skills or in lieu of out of school suspension.

STUDENT SUPPORTS INCLUDE:

- ✓ Placement in a Special Education classroom or Intervention Room
- ✓ Individual counseling
- ✓ Specialized instruction and related services identified in the IEP
- ✓ Access to digital curriculum and devices
- ✓ Positive behavioral interventions and practices addressing deficits noted in the referral
 - Life Space Interview
 - Social Skillstreaming
 - Restorative Justice

SPEED Early Learning Center : Ms. Linda Wilson 708-481-6101 *SPEED Independence School*: Amina Payne 708-481-6103
SPEED Program for Adaptive Learning: Ms. April Brown 708-481-6102

1125 Division St- Chicago Heights, IL 60411 - Phone: 708-481-6100

SPEED District #802

CIBS Referral Process



For Initial Placement

- ◆ Referral Packets are available at each of our schools and on the SPEED website. www.speed802.org

- ◆ **Complete the Referral Packet**

Student Information Sheet*

Registration Form *

Physical Restraint Notification*

Authorization for Network Access**

*requires parent signature **requires parent & student signatures

- ◆ **Copy of most recent IEP with BIP and Transition Plan if applicable.**

The IEP should list CIBS (or a reasonable facsimile thereof) as a behavior intervention

- ◆ **Call the school principal to schedule an intake meeting**

- ◆ Parents should attend the meeting or participate by phone.
- ◆ Classroom placement and services will be determined at the meeting.
- ◆ If the IEP does not indicate the use of CIBS, an amendment will be developed at the intake meeting.

- ◆ **Students may be placed immediately following the meeting if all required paperwork has been completed.**

- ◆ **A minimum of 24 hours notice is required for initial placement.**

Returning students will be re-admitted with 24 hours notice communicated directly to the principal or case manager.—no voice mails or emails will be accepted.

- ◆ **Placements may not exceed 10 consecutive days.**

Placements beyond 10 days require an IEP meeting to revise the IEP.

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CIBS CONTACT INFORMATION

PROGRAM INFORMATION

ELC

Principal: Linda Wilson 708-481-6101 ext. 3204
Assistant Principal: Kellie Clark 708-481-6101 ext. 3203
Case Manager: Kathy Lilley 708-481-6101 ext. 4209
Secretary: Mary Dominiak 708-481-6101 ext. 3202

PAL

Principal: April Brown 708-481-6102 ext. 3304
Assistant Principal: Sandra Brown 708-481-6102 ext. 3303
Case Manager: Gennifer Norberg 708-481-6102 ext. 3325
Secretary: LoDonna Fleming 708-481-6102 ext. 3301

INDEPENDENCE ELEMENTARY AND HIGH SCHOOL

Principal: Amina Payne 708-481-6103 ext. 3404
Assistant Principal: _____ 708-481-6103 ext. 3405
Case Manager: Rebecca Kinst 708-481-6103 ext. 3406
Secretary: Takala Kelley 708-481-6103 ext. 3401

ADDITIONAL CONTACTS

Director of District Programs and Services: _____

708-481-6100 ext. 3104

Secretary: Cheryl Rhodes

708-481-6100 ext. 3102

SPEED S.E.J.A. #802
1125 Division Street
Chicago Heights, Illinois 60411-2491
ELC Fax: 708-503-4101
PAL Fax: 708-481-7728
IND Fax: 708-503-4104



Telephone: 708-481-6100
TDD: 708-481-6100
Fax: 708-481-5713

**Crisis Intervention Behavior Stabilization
Student information Sheet**

Student: _____ D.O.B. _____ Grade: _____

Parent/Guardian: _____

Address: _____ City: _____ ZIP: _____

Home Phone: _____ Cell: _____

Work Phone (Mom): _____ Work Phone (Dad): _____

Case Worker: _____ Phone: _____

.....
District Information

District Name/Number: _____

District Contact Person: _____ **Phone:** _____

.....
CIBS Placement Information

CIBS Start Date: _____ **CIBS Exit Date:** _____

CIBS Review Meeting: _____

SPEED Program: _____ ELC (Early learning Center) **Transportation Plan:** _____
_____ PAL (Program for Adaptive Learning) _____
_____ IES (Independence Elementary) _____
_____ IHS (Independence High School) _____

Student Has an IEP: YES _____ **NO** _____ **Related Services:** _____

Reason for Placement: _____

.....
Please write 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)

- **District will be billed for the total number of days it takes to meet this choice.**

District Representative: _____ **Parent/Guardian:** _____

Signature

Signature



SPEED REGISTRATION FORM 2018/19 SCHOOL YEAR

NOTE: This information will accompany student in an emergency/crisis. **Date Form Completed:** _____

New Student **Returning Student** **Start Date:** _____

STUDENT'S NAME: _____ **SEX:** _____ **HOME DISTRICT:** _____

DATE OF BIRTH: _____ **MEDICAID #:** _____ **SPEED SCHOOL:** _____

LIVING WITH: Natural Parent: Mother _____ Foster Parent _____ Other _____
Father _____

PHONE NUMBER(S) YOU WOULD LIKE US TO USE FOR OUR SCHOOL REACH SYSTEM (Automated messages regarding school closings, up-coming events, etc): _____

PRIMARY EMAIL ADDRESS FOR CONTACT: _____

NAME OF PARENT/GUARDIAN:

PARENT/GUARDIAN #1 NAME: _____

ADDRESS: _____

HOME PHONE #: _____ **WORK PHONE #:** _____

CELL PHONE #: _____ **EMAIL:** _____

PARENT/GUARDIAN #2 NAME:: _____

ADDRESS: _____

HOME PHONE #: _____ **WORK PHONE #:** _____

CELL PHONE #: _____ **EMAIL:** _____

WHAT IS YOUR PREFERRED METHOD OF COMMUNICATION?: _____

FOSTER PARENT INFORMATION: **FOSTER AGENCY:** _____

CASE WORKER'S NAME: _____ **PHONE NUMBER:** _____

WILL YOUR CHILD REQUIRE BUS TRANSPORTATION: Yes No

Does your child participate in Day-Care? Yes ___ No ___ **Contact Person at Day-Care** _____

Day-Care Phone Number _____ **Pickup:** Home _____ Day Care _____

Day Care Address _____ **Drop off:** Home _____ Day Care _____

Please list name, and phone number of three persons (neighbors, friends, or relatives) the school may contact and release your student to in an EMERGENCY if you cannot be contacted.

NAME	RELATIONSHIP TO CHILD	ADDRESS	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Parent/Guardian



STUDENT'S NAME: _____

DOCTOR'S NAME: _____ PHONE NUMBER: _____

1. Give diagnoses: _____

2. List all medications your child is receiving:			
	Dosage	Times	
Medication	Given	Given	Reason

3. List treatments your child requires:

	Times Given	
Treatment		Reason

Special fluids required: _____

List food restrictions: _____

Dietary - please circle one: Regular Diet Chopped Foods Diet Blended (pureed) Diet

Tasting Only Nothing by Mouth

SPECIAL NEEDS/CAUTIONS: _____

Additional information that would assist in programming for your child. _____

SPEED S.E.J.A. may, in the event of a serious illness or accidental injury, obtain medical care for my child:

Signature of Parent or Guardian Date

I hereby give my permission for the following licensed medical provider _____
(doctor or clinic)
and/or medical agencies _____ for exchange of confidential medical
(doctor or clinic)

information contained in the records(s) of my student _____, date of birth _____,
_____ , with SPEED S.E.J.A. #802 health services providers and/or administrators for one (1)

Signature of Parent or Guardian Date



STUDENT'S NAME: _____

PLEASE CHECK ALL THAT APPLY:

- Chicken Pox SPECIFY/PROTOCOL: _____
- Vision Impaired SPECIFY/PROTOCOL: _____
- Glasses SPECIFY/PROTOCOL: _____
- Hearing Impaired SPECIFY/PROTOCOL: _____
- Tubes in Ears SPECIFY/PROTOCOL: _____
- Verbal (talks) SPECIFY/PROTOCOL: _____
- Ambulatory (walks) SPECIFY/PROTOCOL: _____
- Activity Precautions SPECIFY/PROTOCOL: _____
- Wheelchair SPECIFY/PROTOCOL: _____
- Safety Vest SPECIFY/PROTOCOL: _____
- G-Tube SPECIFY/PROTOCOL: _____
- Shunt SPECIFY/PROTOCOL: _____
- Tracheotomy SPECIFY/PROTOCOL: _____
- Heart Condition SPECIFY/PROTOCOL: _____
- Skin Problem SPECIFY/PROTOCOL: _____
- Down Syndrome SPECIFY/PROTOCOL: _____
- Cerebral Palsy SPECIFY/PROTOCOL: _____
- Fragile X SPECIFY/PROTOCOL: _____
- Bladder/Bowel Control SPECIFY/PROTOCOL: _____
- Attention Deficit Disorder (ADHD) SPECIFY/PROTOCOL: _____
- Asthma SPECIFY/PROTOCOL: _____
- Diabetes SPECIFY/PROTOCOL: _____
- Seizures DATE OF LAST SEIZURE: _____

Describe activity during seizure (if applicable) _____

Does your child have any allergies? (e.g., Food, Peanut, Bee Stings, Latex, etc.) _____

If so, is an Epipen required? Yes No

Describe symptoms of allergies: _____

Advise what care is necessary for symptoms of allergies: _____

What type of extra supportive equipment must be transported and secured with the student? (e.g. communication aides, oxygen tanks, suction machines, etc.) _____

PLEASE DON'T FORGET TO SIGN THE FORM ON THE FRONT PAGE

SPEED S.E.J.A. #802
1125 Division Street
Chicago Heights, Illinois 60411-2491



Telephone: 708-481-6100
TDD: 708-481-6100
Fax: 708-481-5713

Physical Restraint Notification Form

The behavior management system utilized at SPEED Independence Program 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 student's behavior escalates to the point where the student is no longer in control of their 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 themselves or others, damaging property, or 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 member initiating the restraint that the student is no longer an imminent danger to cause physical harm to themselves or others.

The program 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, date of the incident, and a description of the intervention used, including 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 the Independence Program. 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 _____



Student Authorization for Electronic Network Access

Dear Parents/Guardians:

Our School District has the ability to enhance your child's education through the use of electronic networks, including the Internet. Our goal in providing this service is to promote educational excellence by facilitating resource sharing, innovation, and communication. Students and their parents/guardians need only sign this *Authorization for Electronic Network Access* once while the student is enrolled in the School District.

The District *filters* access to materials that may be defamatory, inaccurate, offensive, or otherwise inappropriate in the school setting. If a filter has been disabled or malfunctions it is impossible to control all material and a user may discover inappropriate material. Ultimately, parents/guardians are responsible for setting and conveying the standards that their child or ward should follow, and the School District respects each family's right to decide whether or not to authorize Internet access.

With this educational opportunity also comes responsibility. The use of inappropriate material or language, or violation of copyright laws, may result in the loss of the privilege to use this resource. Remember that you are legally responsible for your child's actions. If you agree to allow your child to have an Internet account, sign the form below and return it to your school.

Authorization for Electronic Network Access Form

Students must have a parent/guardian read and agree to the following before being granted unsupervised access:

All use of the Internet shall be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. **The failure of any user to follow the terms of the *Acceptable Use of Electronic Networks* will result in the loss of privileges, disciplinary action, and/or appropriate legal action.** The signatures at the end of this document are legally binding and indicate the parties who signed have read the terms and conditions carefully and understand their significance.

I have read this *Authorization* form. I understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials. I will hold harmless the District, its employees, agents, or Board members, for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I have discussed the *Acceptable Use of Electronic Networks* with my child. I hereby request that my child be allowed access to the District's electronic network, including the Internet.

Parent/Guardian Signature

Date _____

Students must also read and agree to the following before being granted unsupervised access:

I understand and will abide by the above *Authorization for Electronic Network Access*. I understand that the District and/or its agents may access and monitor my use of the Internet, including my email and downloaded material, without prior notice to me. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or legal action may be taken. In consideration for using the District's electronic network connection and having access to public networks, I hereby release the School District and its Board members, employees, and agents from any claims and damages arising from my use of, or inability to use the District's electronic network, including the Internet.

Student Signature

Date