

Confidential
McLeod Group Home Teacher in Treatment Program
Student Admission Information
(to be completed by home school administration)

Home School: _____ Student's Counselor: _____

Date of Referral: _____ Last Date of Attendance: _____

Please **THOROUGHLY COMPLETE** this application and return to the McLeod Group Home with all requested attachments. All referrals to the Teacher in Treatment Program must be submitted to the Teacher in Treatment Program Coordinator at least 24 hours prior to participating in the program by the McLeod Group Home Designee. **No application will be accepted unless it is complete and all requested documents are received.**

Student's Name: _____ DOB: _____ SID#: _____

Grade: _____ Gender: _____ Ethnicity: _____

Home Phone: _____ Alternate Phone: _____

Address: _____

Parent / Guardian: _____

Home School & District: _____

School Address: _____

School Phone: _____

Include the student's current, numerical grade for each subject he or she is enrolled. The numerical grade must be a current average grade for the class (*average may not be a previous progress or report card grade*). Please list the class and grade. *E.g.: English II CP – 82*

Class One _____

Class Three _____

Class Two _____

Class Four _____

Class Five _____

Class Six _____

Has this student been placed on an attendance intervention plan (student should have plan if he or she has five or more unlawful absence)? **Yes** ___ **No** ___ If so, what date did the plan begin? _____
If yes, please include the plan with the intake packet.

Has this student been retained? **Yes** ___ **No** ___ If so, what grade/s? _____

What critical academic issues need to be addressed while this student is participating in the McLeod Group Home Teacher in Treatment Program?

What types of academic interventions have been tried (PEP, prescriptive teaching, etc.)?

Describe any habitual disruptive behavior (s) and perceived causes. Be specific:

Does this student have an IEP (Individual Education Plan)? **Yes** ___ **No** ___ If yes, what areas?

Does this student have a completed 504 plan? **Yes** ___ **No** ___ If yes, why?

Please attach and check for the following information to submit with this application:

1. IEP if applicable _____
2. 504 Plan if applicable _____
3. LEP Plan if applicable _____
4. MAP or other benchmark data _____
5. Attendance Intervention Plan if applicable _____
6. Behavior Contract if applicable _____
7. Course Schedule _____
8. School Contact _____
9. Educational Plan while participating in the McLeod Group Home Teacher in Treatment Program _____

Signature of Home School Principal/Date

Signature of Home School Counselor/Date

Medical History Form
(To be completed by parent)

1. Does your child have any medical problems? (If so, please describe child's condition.)

2. Does your child take any medication? (If so, please list medications.)

3. Is your child on any psychotropic medications? (If so, please list meds. and length of time the child has been on medication.)

4. Does your child have allergies or is he/she allergic to anything?

5. Is your child involved in or receiving services from any outside agencies? (Probation Officer, DJJ, Court Counselor, etc.) If yes, please include contact information.

I understand that the McLeod Teacher in Treatment Program does not have a nurse or health professional on site. Therefore, in case of an emergency or accident, I give permission for my child to be seen by a medical professional or taken to the hospital if the McLeod Group Home Teacher in Treatment Program Administration deems necessary.

Parent/Guardian Signature _____ **Date** _____

Student Enrollment Form
(To be completed by parent)

Student Name: _____ Home School: _____

Age: _____ Date of Birth: _____ Grade: _____ Sex: _____ Race: _____

Parent/Guardian: _____

Address: _____

Phone: (H) _____ (W) _____

Employer: _____

Parent/Guardian: _____

Address: _____

Phone: (H) _____ (W) _____

Employer: _____

Name of Custodial parent, primary caregiver or guardian if different from parents:

Previous Residential History: (please provide dates)

____ Emergency Shelter

____ Foster Home

____ Psychiatric Hospital

____ Other _____

____ Juvenile Detention

____ Training School

____ Adult Detention (16+ NC)

Are there any significant life events that have had an impact on this student? **Yes** ____ **No** ____

If yes, please explain (i.e. divorce, death of a parent or sibling, car accidents, out of home placements, adoption, etc.)

Is the youth in DSS custody? **Yes** ____ **No** ____ If yes, Name and contact number of Case Worker:

Does the youth have any medical conditions that would affect participation in any of the McLeod Group Home Teacher in Treatment programs including recreational activities? (i.e. diabetes, seizures, broken bones, severe head injuries)

Describe the youth's history of drug and alcohol use (types and frequency):

Has the student ever been involved with the Juvenile Justice System? **Yes** ___ **No** ___
If yes, why and when:

Emergency Contact other than parent/guardian:

Name: _____

Emergency phone #: _____

Parents or Guardians Signature: _____ Date: _____

ACADEMICS

Students who participate in the McLeod Group Home Teacher in Treatment Program will have access to Highly Qualified Teachers and Support Staff that will support students with the same curriculum and standards mandated by the North Carolina Department of Instruction and their home schools. Students who are referred to the McLeod Group Home Teacher in Treatment Program will be supported in meeting the requirements outlined in the educational plan created by the home school, parent and McLeod Group Home staff. **It is extremely important that each student actively participate in class, complete all assignments, study daily, and pass all quizzes and test. Parents are encouraged to communicate with their child and child's teachers about their academic progress. Parents should also review their child report card and progress report when issued to assess their progress.**

TEXTBOOKS

Students referred to the McLeod Group Home Teacher in Treatment Program should bring **all books** assigned to them from their home school before scheduled start date. Students at the McLeod Group Home Teacher in Treatment do have access to select textbooks in all curriculum areas. However, to ensure that your student has the appropriate materials, it is recommended that they bring all required textbooks assigned to them from their home school. Students are held responsible for their books and should handle them carefully, keep them clean, and keep them in their possession at all times. **Students will be required to pay for lost, stolen, or damaged books as required by the policies at their home schools.** If a student has a lost or stolen book he or she should see their McLeod Group Home point of contact immediately.

PARENT-TEACHER CONFERENCES / CLASSROOM VISITS

Parents who desire to have conferences with teachers should make arrangements at least two days in advance through the McLeod Group Home designated staff member. Parents should call their point of contact to make an appointment during the teacher's planning schedule. Teachers' schedules do not allow time for conferences during instructional time.

STANDARDS OF STUDENT CONDUCT

DISCIPLINE

Student self-discipline is the ultimate goal of disciplinary actions taken by the staff and administration of the McLeod Group Home Teacher in Treatment Program. This is a goal that we believe every student can achieve and one we expect every student to display in order to take **full** advantage of instructional opportunities provided at the McLeod Group Home Teacher in Treatment Program. Due to the McLeod Group Home Teacher in Treatment's expectation of structure and purpose, a student can be suspended or recommended for expulsion for any disciplinary infraction. Depending on the severity or degree of infraction, students can be suspended from 1-10 days. If a student's behavior is such that it disrupts himself/herself or others from learning, he/she will be disciplined appropriately and may be suspended or recommended for expulsion from the McLeod Group Home Teacher in Treatment Program. Disciplinary consequences which include, but are not limited to are; out of school suspension, administrative isolation, conference, warning, mediation, sent home for the remainder of the day, etc. In School Suspension is only an option if staffing is available to monitor the student. **Out of School suspensions require that the student does not have access to the McLeod Group Home Teacher in Treatment Program designated area where they have the ability to negatively impact the learning environment.** Any school infraction that is also a violation of the law will be reported and may result in criminal charges being filed.

SCHOOL SEARCHES

To maintain the safety of students and staff at the McLeod Group Home Teacher in Treatment Program, students are searched at the beginning of each session and are subject to random or program wide searches. McLeod Group Home Teacher in Treatment staff and administration may also search students under reasonable suspicion for possible violation of school discipline policies.

*****Book bags and purses are not allowed in the McLeod Group Home Teacher in Treatment designated area.

CELL PHONES OR PORTABLE COMMUNICATION DEVICES

Students may not possess phones in the McLeod Group Home Teacher in Treatment designated area.

*****Cell phones will be confiscated and appropriate disciplinary actions will be taken.

*****If student refuses to give his or her cell phone to the McLeod Group Home Teacher in Treatment staff, an automatic 3-5 day suspension will occur. If student becomes disruptive or disrespectful, an automatic 5-10 day suspension will occur with a possible recommendation.

Portable cellular phones may not be used during school hours for any reason. No portable electronic devices, which include pagers/beepers, ipods, cd players, hand held games, etc. are allowed in the McLeod Group Home Teacher in Treatment Program designated area. If these devices are seen they will be confiscated immediately and appropriate consequences assigned.

I HAVE REVIEWED ALL OF THE TEACHER IN TREATMENT INFORMATION WITH MY STUDENT.

Parent/Guardian Signature/Date

Student Signature/Date

McLeod Representative Signature/Date