

The Partnership School

School name: _____

Address

Principal _____ Telephone _____

E-mail _____

If another school administrator/professional will be the primary point of contact, please check here (____) and provide information below:

Other school administrator/professional _____

Title _____ Telephone _____

E-mail _____

Proposed partnership arrangement

Subjects of study: _____

Concerns: _____

Hours at School _____

Please list faculty and school staff that might be especially helpful in developing an education plan for the student:

Name _____ Subject/Title _____

Telephone _____ E-mail _____

Name _____ Subject/Title _____

Telephone _____ E-mail _____

Name _____ Subject/Title _____

Telephone _____ E-mail _____

About the Student

Please share concerns about student’s presenting problems:

Academic:

Social-Emotional:

Behavioral:

Please describe the student’s strengths:

Please describe your goals for student’s education at JCFS:

Please add any additional information that might be helpful:

Acknowledgments and Signatures

Both Schools acknowledge the following:

- **Finances.** The student’s family will have an independent financial relationship with each school program. Each school will establish a level of tuition based on its own considerations.
- **Therapeutic Team.** School professionals at Knapp School & Yeshiva and the partner school will be integral parts of the student’s therapeutic team. The Team will assemble for an annual Therapeutic Education Plan (TEP) staffing meeting at JCFS and other staffings at either school as needed
- **Communication.** Team members at both schools will maintain regular communication in order to support the partnership arrangement and help the student to achieve success.
- **Changes to the student’s schedule.** Changes to the student’s partnership schedule will be discussed by the Therapeutic Team and agreed upon by both Schools before being confirmed with the student’s family.
- **Mandated Reporting.** “Mandated reporters are required to report suspected child maltreatment immediately when they have ‘reasonable cause to believe’ that a child known to them in their professional or official capacity may be an abused or neglected child. (325 ILCS 5/4).” (See https://www2.illinois.gov/dcfs/safekids/reporting/documents/cfs_1050-21_mandated_reporter_manual.pdf, page 5). If a call to DCFS is mandated, it will be made by a professional at the School where reasonable cause arose. Neither school will ask the other to place a DCFS call on its behalf.
- **Observations.** Each School will facilitate observations as appropriate by members of the educational team at the other School.
- **Formalization and start of Partnership.** A Partnership Arrangement is formalized once the following have been accomplished:
 - The Knapp School & Yeshiva placement agreement is completed
 - The Family has arranged tuition with JCFS Chicago

- The Family has participated in a formal intake meeting at JCFS and signed the requisite consents

Partnership School:

<i>Name</i>	<i>Signature</i>	<i>Title</i>	<i>Date</i>
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JCFS Chicago Knapp School & Yeshiva

<i>Name</i>	<i>Signature</i>	<i>Title</i>	<i>Date</i>
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Please return to the JCFS Chicago Knapp Yeshiva

- *by mail 3145 W Pratt, Chicago, IL 60645 Attn: Rabbi David Rosenberg*
- *by fax to (773) 467-3999.*
- *by email to davidrosenberg@jcs.org*

A copy of this Planning Document will be shared with both Schools