

Joy Faith Knapp Children's Center, Esther Knapp Campus 3145 W. Pratt Blvd. | Chicago, IL 60645 P 773.467.3900 F 773.467.3999

## **Partnership School Form**

Purpose of Knapp School & Yeshiva Partnerships Some students benefit from receiving certain therapeutic education services to address their social-emotional challenges on less than a full-day basis. Knapp School & Yeshiva Partnership arrangements allow students to receive therapeutic education services for part of the day as they continue to be students of their home Jewish school. As partnership students master social-emotional skills, they flourish for longer periods — and, it is hoped, for the entire school day — at their home school Partnership arrangements are made collaboratively by a student's family, home school, and the Knapp School & Yeshiva.

**Guide to completing this form** Please complete the application carefully; provide all the information requested here; and review the Acknowledgments at the end prior to signing and returning this form. If you have questions, contact Rabbi David M. Rosenberg, Coordinator of Jewish Educational Services, at (773) 467-3926 or <a href="mailto:davidrosenberg@jcfs.org">davidrosenberg@jcfs.org</a>. The information you provide is protected by HIPAA regulations.

## The Student

Student's Name			
Last	First	Middle	
For School Year 20 20 D	ate of Birth Grad	de as of September _	
Address of Student	City	State	Zip
During which school years and / Grades:	grades has this student studied a	at your school? 20	20



## **The Partnership School**

School name:	
Address	
Principal	Telephone
E-mail	
If another school administrator/professional value () and provide information below:	will be the primary point of contact, please check
Other school administrator/profession	nal
Title	Telephone
E-mail	
Proposed partnership arrangement  Subjects of study:	
Hours at School	
Please list faculty and school staff that might be plan for the student:	be especially helpful in developing an education
Name	Subject/Title
Telephone	E-mail
Name	Subject/Title

Partnership School Form



	Telephone	E-mail	
Nam	e	Subject/Title	
	Telephone	E-mail	
About the	Student		
Please share	concerns about student's prese	nting problems:	
Acad	emic:		
Socia	ll-Emotional:		
Beha	vioral:		
Please descr	ibe the student's strengths:		
Please descr	ibe your goals for student's educ	cation at JCFS:	
Please add a	ny additional information that m	night 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 <a href="https://www2.illinois.gov/dcfs/safekids/reporting/documents/cfs\_1050-21\_mandated\_reporter\_manual.pdf">https://www2.illinois.gov/dcfs/safekids/reporting/documents/cfs\_1050-21\_mandated\_reporter\_manual.pdf</a>, 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:
  - o The Knapp School & Yeshiva placement agreement is completed
  - The Family has arranged tuition with JCFS Chicago



Partnership Schoo	ol:		
Name	Signature	Title	Date
JCFS Chicago Kna <sub>l</sub>	op School & Yeshiva		
 Name	Signature	Title	Date

o The Family has participated in a formal intake meeting at JCFS and signed the

Please return to the JCFS Chicago Knapp Yeshiva

requisite consents

- by mail 3145 W Pratt, Chicago, IL 60645 Attn: Rabbi David Rosenberg
- by fax to (773) 467-3999.
- by email to <a href="mailto:davidrosenberg@jcfs.org">davidrosenberg@jcfs.org</a>

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

