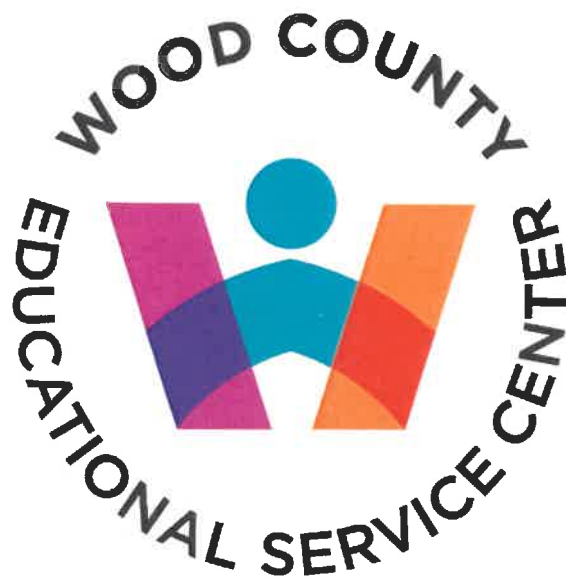


# Wood County Academy

## Intake Packet

### 2022 – 2023



A Wood County Educational  
Service Center Program

## Mission Statement:

The Wood County Academy is committed to providing relevant educational opportunities, behavioral interventions, and service learning experiences for at-risk students in a safe and supportive environment.

## Philosophy:

All students are worthy of dignity and respect.

We believe in providing an opportunity for effective, positive change for students through community cooperation, and parental involvement.

We believe in providing the student with the opportunity to master the skills necessary to return to a traditional school setting.

## Goals:

1. To provide relevant educational opportunities for all students
2. To provide necessary behavioral interventions for all students
3. To provide comprehensive service learning experiences for all students
4. To provide a safe learning environment for all students
5. To provide a supportive school environment for all students

## School District Guidelines:

1. Regular visitation by a designated building representative of the home school district is necessary to keep a tight linkage, and to create a successful transition between the Academy and the home school.
2. It is the responsibility of the home school to send information between student, parent/guardian, and school personnel.
3. All transportation is the responsibility of the home school.
4. The home school is responsible for the submission of the required form which includes information on individual student needs.
5. The home school is responsible for sending work, tests, answer keys, ect. for short term placement students.

This referral form must be complete with parent/guardian, student, and superintendent signatures.

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

Required:

- Emergency medical form
- Free/reduced lunch paperwork
- Computer usage form
- Transportation form
- Rules page
- Field trip form
- Photo ID form
- Authorization for administration of medication
- Consent/contract form

Needed Items:

- IEP (if applicable)
- ETR (if applicable)
- Student agenda book
- Current transcript
- Cumulative file
- Attendance history
- Suspension history

Case Manager: Christy Spontelli, Education Coordinator

1012 South Dunbridge Road  
Bowling Green, Ohio 43400  
419-353-4406

## Long Term Placement

Referral Date: \_\_\_\_\_ Student Name: \_\_\_\_\_  
Referral Source: \_\_\_\_\_ School District: \_\_\_\_\_  
Position: \_\_\_ Superintendent \_\_\_ Principal \_\_\_ Other  
Referral Source Phone Number \_\_\_\_\_

## Reason for Placement

\_\_\_ In lieu of expulsion  
\_\_\_ Other: Explanation \_\_\_\_\_

Length of expulsion/alternative assignment: From (date): \_\_\_\_\_ To (date): \_\_\_\_\_

## Specific Incident leading to this referral: Check all that apply

\_\_\_ Failing grades      \_\_\_ Truancy/poor attendance      \_\_\_ Language/disrespect  
\_\_\_ Non-compliance      \_\_\_ Poor social or relational skills      \_\_\_ Drugs/alcohol problem  
\_\_\_ Threatening behavior      \_\_\_ Depression      \_\_\_ Transfer from state facility  
\_\_\_ Sexualized behavior      \_\_\_ Oppositional/defiant behavior  
\_\_\_ Explain: \_\_\_\_\_

## Identifying Information:

Student Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Legal guardian? \_\_\_ Mother \_\_\_ Father \_\_\_ Both Other: \_\_\_\_\_  
Guardian/Parent Name \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Address \_\_\_\_\_  
Parent Name \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Address if different \_\_\_\_\_

## Educational History

Building of current attendance \_\_\_\_\_ Grade \_\_\_\_\_ # Credits \_\_\_\_\_

## Current Educational Placement Program

\_\_\_ Regular education \_\_\_ Vocational \_\_\_ CBI \_\_\_ Other: \_\_\_\_\_

Currently on an IEP: \_\_\_ Yes \_\_\_ No Case Manager \_\_\_\_\_

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Current performance Deficits

Check areas of difficulty and describe the student's current performance in each area:

### Academic

\_\_\_ Reading \_\_\_ Written Language \_\_\_ Math  
\_\_\_ Social studies \_\_\_ Science \_\_\_ Other \_\_\_\_\_

### Behavioral

\_\_\_ Lying \_\_\_ Inappropriate Language \_\_\_ Insubordination  
\_\_\_ Verbal Threats \_\_\_ Physical Threats/Fights \_\_\_ Other \_\_\_\_\_

## Has Special Education placement ever been pursued for the student?

\_\_\_ No \_\_\_ Yes, Please explain: \_\_\_\_\_

Recommended goals for this student during placement at the Academy:

## Student Data

Previous Nine Weeks - Expulsion(s) -List with Dates

## Cumulative Information

GPA \_\_\_\_\_

SSID# \_\_\_\_\_ (statewide identifier)

Credit Record	State Minimum GY 2014 & beyond	Credit Earned to date	Remaining Credits	Academy Credits Earned
English Language Arts	4			
Health	1/2			
Mathematics	4			
Physical Education	1/2			
Science	3			
Social Studies	3			
Electives	5			
Other Requirements <sup>6</sup>	Economics/Financial Literacy-Requirement met in _____ class/grade level. Has not been met: _____ Fine Arts- Requirement met in _____ class/ grade level. Has not been met: _____			

# Course Enrollment Form

**Student Name** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **District:** \_\_\_\_\_

Please select the courses in which you would like the student to be enrolled. For complete course descriptions please see the Course Description Form located at <http://www.wood.k.12.oh.us/alternative-school>

High School Courses

**Language Arts**

- English I
- English II
- English III
- English IV

**Mathematics**

- Integrated Math I
- Integrated Math II
- Integrated Math III
- Integrated Math IV
- Pre-Algebra
- Algebra 1
- Algebra 2
- Geometry
- Pre-Calculus
- Statistics\*
- Trigonometry

**Electives**

- Fitness Lifestyle Design\*
- Personal & Family Finance
- Career Success\*
- Music Appreciation
- Gothic Literature
- Mythology and Folklore
- History of the Holocaust
- Human Geography
- Great Minds in Science
- Health Science-Whole Individual
- Life Management Skills\*
- Thinking & Learning Strategies
- Real World Parenting

**Science**

- Biology
- Earth Science
- Environmental Science\*
- Physical Science
- Health
- Physics
- Chemistry

**Social Studies**

- Economics
- Geography
- Government
- US History
- World History

\*Course is ½ a credit. All other courses are 1 credit

**Credit Recovery/Independent Study**

If any of the above selected courses are for credit recovery or independent study credits, please list these below. These courses will be assigned consecutively following successful completion.

Credit Recovery	Independent Study
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**Middle School Courses**

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**Language Arts (choose two)**

- Basic Reading
- Basic Writing
- Grammar
- Literature
- School & Job Skills
- Writing

**Mathematics**

- Math Grade 6
- Math Grade 7
- Pre-Algebra

**Social Studies**

- American History
- World History

**Science**

- Life Science
- Earth Science
  
- Physical Science

**Electives**

- Career Exploration
- Orientation to Art 2D
- Photography Drawing with Light
- Reading 1
- Journalism

Guidance Counselor \_\_\_\_\_ Date \_\_\_\_\_

Signature

**Consent/Contract Statement**

I have participated in the referral process and I consent to:

Exchange of information relevant to my child's Academy Program between/among the following persons or agencies.

- Alternative Program Operating Committee\*
- The Children Resource Center
- Wood County Juvenile Court
- Wood County Educational Service Center Staff
- Home School \_\_\_\_\_

Address

Telephone #

_____	_____
_____	_____
_____	_____

**Attendance Guidelines:**

Times for the Academy will be from 8:00 a.m. to 2:00 p.m. Students must not be on school property before 7:45 a.m. and must be off school property by 2:15 p.m. Special transportation arrangements will be considered on a case by case basis, with prior requests.

Doctor/Parental notes required for all absences

Other



## Field Trip Form

### ALL SCHOOL RULES, REGULATIONS, AND POLICIES ARE ENFORCED ON EVERY TRIP

**Student's statement:** I agree that I will follow all school rules while on any Wood County Academy field trip.

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Student Signature

Date

### Parent/Guardian's Statement I understand that field trips are an important component.

I understand that the school, the administration, teachers, etc., will take all reasonable and prudent precautions to provide a safe trip. Students are required to attend all field trips.

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Parent/Guardian Signature

Date

## Photo Identification Release Form

I give the Academy permission to take my student's photograph for the purpose of identification . If in the case of an emergency, it will be shared with emergency personal. Photos may be used to highlight positive activities at the ALC.

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Parent/Guardian Signature

Date

### Academy Administration of Medication to Student Parent/Guardian Permission

I hereby authorize, request, and give my consent to store and supervise the administration of the medication listed above for my child at the times and dosages already noted.

I release the Academy Program and all employees from any liability or damages resulting from the consequences or adverse reactions of my child's taking, or failing to take, this medication at the times prescribed. I also understand that if the medication dosage is changed, I must submit a new "Physician Permission" form indicating the change. I also acknowledge that all medication must be in the original container in which it was purchased, including original prescription label. Academy personnel cannot be responsible for missed or forgotten doses.

I authorize the school to contact \_\_\_\_\_ (physician's name), to acquire information which may be needed regarding prescribed medication.

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Parent/Guardian Signature

Date

**Academy Administration of Medication to Student  
Physician Permission**

The following student is under my care and should receive the medication indicated below. It is not possible to arrange for this medication to be taken at home under the supervision of a parent therefore it must be taken during school hours.

Name of Student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Name of prescribed medication, dosage, and method of administration

\_\_\_\_\_

Date to begin and end if relevant:

Begin \_\_\_\_\_ End \_\_\_\_\_

Administration times or intervals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Adverse or severe reactions that should be reported to the physician: \_\_\_\_\_

\_\_\_\_\_

Special instructions for administration of medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

## Classroom Rules

1. Students are to follow all regulations from home/school handbooks and from Juvenile Court.
2. Students will work on assigned materials and activities at all times. Drawings pertaining to gangs, sex or drugs will not be permitted.
3. Students need prior permission before bringing any personal items to the Academy.
4. Students will put personal belongings in assigned areas. These may be retrieved only with permission from the teacher.
5. Students will stay in their assigned space. Students may not touch other students in any way, especially including public display of affection.
6. Students will dress appropriately baseball caps and sunglasses are not permitted in the building. Any clothing which refers to gang, sex or drugs is not permitted. Inappropriately tight, too short, or pants to loose will not be allowed. Clothing with a hood is not permitted in the classroom. Pajama pants are not permitted to be worn nor are multiple layers of pants/shorts.
7. Students are not permitted to have any electronic devices, hand-held video game, or phone in class. These must be turned in at the start of the day.
8. Those in possession of illegal substances (tobacco, alcohol, or drugs) or weapons will be prosecuted.
9. Students will use appropriate language and voice tone at all times toward all adults and peers.
10. Students must be on time. Loitering outside the building is not permitted. Once the student arrives at the school, he or she must report immediately to the classroom.
11. Students are not permitted on home school district property without prior authorization from home school administration.
12. Rule interpretation will be left to teacher discretion.
13. I agree to submit to random physical searches of property.
14. I will participate in ALC school programming and activities.

Failure to follow any of the above rules may result in consequences varying in severity from a warning, to being withdrawn from the program, to taking legal action.

I will follow the rules set forth by the Academy Program. I will accept personal responsibility for my actions and I am aware of the consequences for breaking the rules.

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Student Signature

Date

I will insure that my student follows the rules set forth by the Academy Program and I am aware of the consequences for breaking the rules.

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Parent/Guardian Signature

Date

I agree to enforce and support disciplinary recommendations of the Academy Staff.

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School Official Signature

Date

Please contact the Wood County Academy for questions and student placement.

Wood County Academy

1867 N Research Dr.

Bowling Green, Ohio 43402

419-354-9010 x252

Karen Burris – [kburris@wcesc.org](mailto:kburris@wcesc.org)