

**INTERGOVERNMENTAL AGREEMENT
FOR USE OF THE

CENTER FOR STUDENT SUCCESS -
REGIONAL SAFE SCHOOLS PROGRAM (RSSP): PARTNERS FOR SUCCESS;
ALTERNATIVE LEARNING OPPORTUNITY PROGRAM (ALOP);
REBOUND, SUSPENSION INTERVENTION PROGRAM**

Between

DUPAGE COUNTY REGIONAL OFFICE OF EDUCATION

And

(Please type in identity of the District)

For a student placement in any of the DuPage Regional Office of Education Center for Student Success programs: Regional Safe Schools Program (RSSP): Partners for Success, Alternative Learning Opportunity Program (ALOP), or Rebound, the partners agree to the following:

1. DuPage County Regional Office of Education will:

- Provide a clear process about program eligibility, referral process, safety assessments, intake meetings, progress updates and transition preparations: RSSP, ALOP, Rebound
- Provide academic programming aligned to Common Core Standards, support district submitted academic materials and credit recovery based on program enrollment
- Use restorative practices, trauma sensitivity, conflict resolution, anger management, etc. based on program enrollment
- Collaborate with the school district regarding student behavior and academic progress
- Provide with social/emotional counseling for all students with licensed social worker
- Provide post-secondary planning for ALOP, as well as preparation and follow up to transition back to the home school for RSSP and Rebound students
- Provide resources and opportunities for college/career counseling
- Design Individual Student Success Plans with collaborative goal setting and review prior to transition or completion
- Communicate with schools when transition back to the home school is due and follow up with student and administrator/counselor after the transition
- Maintain regular contact with parents with regard to attendance, behavior and academic progress
- Enter the attendance, teacher course assignment, student course assignment and grades into SIS as well as the additional RSSP Report, as applicable
- Maintain ongoing communication with districts regarding programming and any other issues

2. The District agrees to:

- Assign a consistent liaison from the district (for each school if one district liaison isn't used) for the CSS programs and keep timely and consistent communication with CSS
- Send a school representative to the intake meeting and the exit/transition meeting and provide complete referral information in preparation of a placement
- Reinforce expectations for the student and family while attending the program
- Enter the ROE as the serving school in SIS effective the first day of student attendance in the program
- Prepare and facilitate the transition plan for student's return to school in conjunction with an ROE representative
- Track and submit student grade, attendance and behavior data to assist us with program evaluation and effectiveness

- Provide, arrange, and monitor daily transportation to and from the CSS, including providing additional transportation in response to disciplinary/safety concerns
- Arrange for immediate alternative placement should the student be found eligible for special education services while attending Partners for Success

3. Tuition and Billing:

- Will be based upon one-time enrollment fees and days enrolled
- Invoices will be sent to the referring district monthly

	Technology Fee	Virtual Curriculum (Edgenuity) Fee	Uniform Fee	Total One-Time Fee	Daily Rate
PFS (in person)	\$30	\$40	\$50 (waived if virtual)	\$120	\$110
PFS (virtual)	\$30	\$40	X	\$70	\$120
Rebound	\$30	X	X	\$30	\$130
ALOP	\$30	X	X	\$30	\$100

4. Termination:

- This Agreement shall become effective upon full execution and terminate on **June 30, 2027**.

If any property or facilities damage occurs as a result of student behavior, the sending district will be billed.

Checks should be made payable to “DuPage Regional Office of Education” and mailed to 421 North County Farm Road, Wheaton, Illinois 60187.

The School District and the DuPage County ROE have hereby caused this Intergovernmental Agreement to be executed on the dates shown below by their duly authorized representatives.

School District: _____

By: _____
District Superintendent or Designee
Name (Please type/clearly print)

(Signature)

Date

DuPage County Regional Office of Education

By: _____
Regional Superintendent (Signature)

Date