

## St. Francis Area Schools

### SAINTS ACADEMY/SAINTS ONLINE

4111 Ambassador Boulevard NW, St. Francis MN 55070  
763-753-7149 | [www.isd15.org](http://www.isd15.org)



April 16, 2018

Dear Parents and/or Guardians,

Your middle school student has been referred for the Summer Programming 2018. This program is meant to help students continue to grow their academic skills so they are better prepared for the following school year.

**Where** Saints Academy, 4111 Ambassador Blvd. NW, St. Francis, MN, 55070  
**When** Tuesday, June 5–Friday, June 29 (Monday–Friday)  
**Time** 8:00 a.m. to 2:30 p.m.

#### **Classes**

Students will have an AM and a PM session with coursework, including Applied Math and Reading/Language Arts.

#### **Transportation**

Busing is available if requested; please see the attached document for more information. If your student will only be attending half days of summer school they will need transportation as the bus will only come at the start and end of the school day.

#### **Lunch**

School lunch will be available and students can use their regular lunch accounts/codes. Lunch money can be paid online as normal or checks/cash can be brought with students to school and given to the nutritional services staff.

Please fill out the attached enrollment paperwork and return it to the Saints Academy office or the St. Francis Middle School counseling office by Friday, May 4 for guaranteed enrollment. If you have any questions or concerns please contact any of the people below:

Erica Campbell, SFMS/Saints Academy school counselor | 763-753-7148  
Brenda Langseth-Perrault, SFMS school counselor | 763-213-8535  
Gail Gessner, Saints Academy office professional | 763-753-7149

Sincerely,

Scott Manni  
Saints Academy principal  
St. Francis Area Schools  
[scott.manni@isd15.org](mailto:scott.manni@isd15.org)  
763-753-7152

# 7th and 8th Grade Summer School Registration 2018

**June 5th-June 29th, 2018 at Saints Academy**

<b>Student Information</b>		
Last Name (PRINT): _____	First Name (PRINT): _____	DOB: _____
Primary Address: _____		
Phone: _____	Student ID #: _____	2018/19 Grade: <input type="checkbox"/> 7th <input type="checkbox"/> 8th

<b>Parent/Guardian Permission</b>	
<input type="checkbox"/> I certify that my student is under 21 years of age and qualifies under MN Statute 124D.68 Graduation Incentives Program	
<input type="checkbox"/> I decline Summer School services for my student	
Parent/Guardian Signature: _____	Date _____
Student Signature: _____	Date _____

<b>AM Transportation</b>		
<input type="checkbox"/> I will be driving my student to at Saints Academy		
<input type="checkbox"/> I will need AM busing for my student at their primary address		
<input type="checkbox"/> I will need AM busing for my student to be picked up at the following childcare address:		
Street Address _____	City _____	Zip Code _____
<b><u>Student AM and PM location must be consistent every day and must be in the attendance area of ISD 15</u></b>		

<b>PM Transportation</b>		
<input type="checkbox"/> I will be picking up my student from Saints Academy		
<input type="checkbox"/> I will need PM busing for my student at their primary address		
<input type="checkbox"/> I will need PM busing for my student to be picked up at the following childcare address:		
Street Address _____	City _____	Zip Code _____
<b><u>Student AM and PM location must be consistent every day and must be in the attendance area of ISD 15</u></b>		

## Student CLP Goals (To be filled out by Summer School Staff only)

I. CURRENT STATUS <small>(Where is the student currently at?)</small>	II. GOALS <small>(Where does the student want to go?)</small>	III. ACTIVITIES <small>(How will the student meet their goals?)</small>
(Check those appropriate) <input type="checkbox"/> Partially Meeting/Not Meeting Grade Level Standard(s) <input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Behind in Satisfactorily Completing Coursework <input type="checkbox"/> Chronic Attendance Issue <input type="checkbox"/> 504 Plan <input type="checkbox"/> IEP Plan <input type="checkbox"/> Other _____	(Check those appropriate) <input type="checkbox"/> Increase level of Academic Achievement <input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Follow Accommodations/Modifications per IEP/504 Plan <input type="checkbox"/> Other (i.e., social-emotional, study skills, vocational, transitional, parenting, personal) _____	(Check those appropriate) <input type="checkbox"/> Attend Summer School Programming
IV. ASSESSMENTS <small>(How and when will the student know when they have met the goals?)</small>	Learning Objectives	Summary
(Check those appropriate) <input type="checkbox"/> Complete Course Requirements <input type="checkbox"/> Complete other district or individual plan requirements: _____	(Check those appropriate) <input type="checkbox"/> Complete Required Coursework <input type="checkbox"/> Improve Math Score Star360 <input type="checkbox"/> Improve Reading Score Star360 <input type="checkbox"/> Improve Math Score - MCA <input type="checkbox"/> Improve Reading Score - MCA <input type="checkbox"/> Improve Classroom Performance	Summer School Goals Met <input type="checkbox"/> Yes <input type="checkbox"/> No If No, specific goal not met: <input type="checkbox"/> Increase level of Academic Achievement <input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Follow Accommodations/Modifications per IEP/504 Plan <input type="checkbox"/> Other (i.e., social-emotional, study skills)

Summer School Staff Signature: _____	Date _____
Summer School Start Date: <input type="checkbox"/> June 5th, 2018 <input type="checkbox"/> Other _____	
Student Qualifying Code (Staff Must Circle One): 1 2 3 4 5 6 7 8 9 10 11 12 13	

Student will generate over 1.0 ADM if goals not met (Per MS 124D.128; Subdivision 3; participation in the program is optional.)

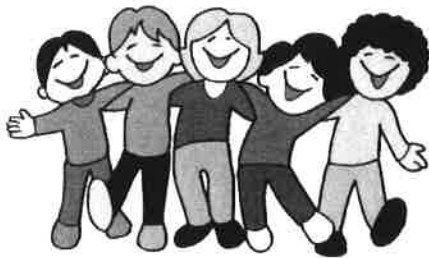
Student Credit Template is available upon request.

Date Received By Summer School Office \_\_\_\_\_

## Would you like your child to receive **SUPPORT** over the summer?

Lee Carlson Center for Mental Health & Well-Being is teaming up with St. Francis schools to offer group support during summer! Lee Carlson Center is a nonprofit agency working to promote mental wellness and support in our communities. Your adolescent has the opportunity to attend free groups during the summer school day. Your adolescent will be able to build connections with others while learning valuable skills such as coping with stress and navigating the challenges of adolescence!

Please review a description of each group provided:



### **Social Survival Group**

Social Survival group will focus on helping students navigate the difficult world of being an adolescent. Facilitators will utilize a fun, creative curriculum focused on learning and practicing social and emotional skills.

### **Mindfulness Group**

Is your student preoccupied with cellphones, drama, and other stressors of being an adolescent? This group is all about learning to be in the present moment, focusing attention, and living life to the fullest. Students will practice various techniques to refocus the brain from worries and stressors to live in the present.



### **Moving On Up Group**

Moving On Up Group is for 8<sup>th</sup> graders who will be transitioning to the high school in the fall. This group will focus on all aspects of high school: relationships, potential stressors, new rules, time management, etc.

***This group is for grade 8 only.***

***\*Groups will take place on Tuesdays and Thursdays during summer school.***

If you are interested in your adolescent participating in groups, please complete the permission form and select the group or groups you would like your adolescent to attend. Please return the permission form to your adolescent's school with all other summer school paperwork. If you have questions or comments, please contact:

Alyssa Larson, MA  
School-Linked Therapist  
[alarson@leecarlsoncenter.org](mailto:alarson@leecarlsoncenter.org)  
763-528-4643

Check out our website at [www.leecarlsoncenter.org](http://www.leecarlsoncenter.org)



## Peer Support Consent Form/Confidentiality Notice

Dear Parent/Guardian:

We are excited for your student to be part of peer support groups in the schools! All information obtained by the group facilitators is maintained by Lee Carlson Center, is considered confidential, and does not become part of the school record. At times, it may be helpful for group facilitators to communicate with school staff if they feel the collaboration will enrich the students' academic experience.

I understand by signing this authorization I agree to allow Lee Carlson Center and all their staff members to disclose protected health information to St. Francis schools and staff if deemed necessary. This is useful for collaboration to help meet the needs of my child.

Group facilitators, like teachers and other school staff, are mandated reporters. All information obtained in group is confidential; however, mandated reporters are required by state law to report any suspected or reported abuse or neglect of a child or report if the child is considered a danger to him/herself or others.

I understand I may revoke this authorization at any time providing notification in writing, and it will be effective on the date notified except to the extent action has already taken place.

I understand by signing this authorization I agree to all its contents and release Lee Carlson Center from any and all liability result from re-disclosure.

The group will meet once per week. Please return this permission form to the front office. The permission slip will be kept on file for future sessions and does not need to be renewed each session.

### CONSENT FOR PEER SUPORT GROUP/CONFIDENTIALITY NOTICE

Adolescent Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

\_\_\_\_\_ **Yes, I would like my adolescent to participate the following group(s):**

\_\_\_\_\_ Social Survival Group \_\_\_\_\_ Mindfulness Group \_\_\_\_\_ Transition Group (grade 8 only)

Parent(s) Name: \_\_\_\_\_

Parent's Telephone #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_