## **Program Overviews and Requirements**



#### **Interim Health Academy**

Interim Health Academy program is designed to support students in grades 7-12 who have diagnosed mental health needs such as anxiety, depression, or PTSD. IHA uniquely offers the supports of a small, single floor educational program. As a team, IHA works with students, families and outside agencies to develop and implement strategies within our setting to promote educational success. The ultimate goal of the program is to strategically transition students back to a comprehensive high school. This transition is based on individual student needs. Home school staff, IHA staff, families and mental health personnel all have a critical role in the transition process.

**Requirements:** Students must have a mental health diagnosis and families must be engaged in mental health support in the community. All referrals are reviewed to determine student appropriateness for the program.

### **Young Mothers**

Young Mothers program offers pregnant students the opportunity to attend a smaller program. Pregnant teens can attend YM for the duration of the pregnancy and following delivery during the current school year. Pregnant teens will be provided with parenting support.

*Requirements:* Student must be pregnant at time of application to the program. All referrals are reviewed to determine student appropriateness for the program.



# 2019 – 2020 YM/IHA Program Application

Date			YOOL
RCSD Staff Completing Form			
Student Name:	Student ID# _		
Student Phone Number:	Date of	Birth:	
Address:			
Parent/Guardian Name:			
Parent/Guardian Phone:			
Current School:		Grade:	
Current School Counselor:		Phone:	
Does this student have an IEP? $\Box$ Yes	□ No If Yes, Program?		
Does this student have a 504 Plan? □ Yes	□ No		

#### **PROGRAM SELECTION:**

Please choose the program the	at you believe best suits the needs of the student:
□ Interim Health Academy	□ Young Mothers

Required Information to include with this application if applicable. Please check off attached documentation or write NA.

Parent/Guardian in agreement
RCSD Graduation Plan
Student Transcript and Current Schedule
Student Attendance Record
Signed HIPPA
Diagnosis from MD/Primary therapist (required for IHA)
Physician verification of pregnancy (Young Mothers Only)
Discipline Records/Behavior Plan/Safety Plan/Crisis Plan
□ Copy of IEP or 504
Letter from current school indicating why this placement is best for this student, strengths of the students and
any immediate areas of concern for student and family
Please send completed application to: <u>YM/IHAReferrals@RCSDK12.org</u> via RCSD email.
Thank you.
FOR YM/IHA USE ONLY
Date Received: Date of Review:
Determination Letter Sent: Start Date: