

# STONINGTON PUBLIC SCHOOLS

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BOARD OF EDUCATION: Alexa J. Garvey, Chair; Candace Anderson, Secretary

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## REQUEST FOR HOMEBOUND INSTRUCTION

Dear Parent/Guardian:

As you are aware, Connecticut State Law requires registered students, ages 5-18, to attend school regularly. However, we are aware that certain medical conditions may prohibit students from attending school for a periods of time. In an effort to assist schools and families, the Connecticut State Statutes have been updated to provide direction in such cases when students may require homebound instruction. ***This includes regular and required documentation from a physician as well as consultation between the school district and such physician making the recommendation for homebound instruction.***

Please reference the enclosed questionnaire that your child's treating physician must complete and provide a completed copy to school personnel. Additionally, a HIPPA release is required so that consultation may take place between school officials and the treating physician who completes the questionnaire. Please provide a copy of this signed HIPPA release to school officials. Finally, a copy of the Connecticut State Statutes, outlining these procedures, is also enclosed for your review.

In most cases of homebound instruction, physician consultation and documentation will be required every 6 weeks.

Sincerely,

Allison Van Etten  
Director of Special Services

Sec. 22 Section 10-76d-15 of the Regulations of Connecticut State Agencies is amended to read as follows:

**Sec. 10-76d-15. Homebound and hospitalized instruction**

(a)(1) Provision of instruction for verified medical reason. A board of education shall provide [homebound and hospitalized] instruction [when recommended by the planning and placement team] to a child in a public school under the jurisdiction of such board when such child is unable to attend school due to a verified medical reason which may include mental health issues. The child's treating physician shall provide a statement in writing directly to the board of education, on a form provided by such board, stating: (A) the child's treating physician has consulted with school health supervisory personnel and has determined that attendance at school with reasonable accommodations is not feasible, (B) the child is unable to attend school due to a verified medical reason, (C) the child's diagnosis with supporting documentation, (D) the child will be absent from school for at least ten consecutive school days or the child's condition is such that the child may be required to be absent from school for short, repeated periods of time during the school year and, (E) the expected date the child will be able to return to school. (2) The PPT shall consider the educational needs of a child with a disability who is medically complex and the need for instruction to be provided in accordance with an IEP of such child when such child is not able to attend school due to medical reasons. The PPT shall consider and make accommodation for the child's program to be moved (A) from public school to a home or health care facility, including but not limited to, a hospital, psychiatric facility or rehabilitation center, and (B) back to school when the child is able to return to school. For purposes of this section, "medically complex" means a child who has a serious, ongoing illness or chronic condition for at least a year and requires prolonged or intermittent hospitalization and ongoing medical treatments or medical devices to compensate for the loss of bodily functions. [(a)] (b) Requirements of individualized education program. Homebound and hospitalized instruction shall be as specified in the child's individualized education program, subject to the following.

(1) In the case of a child not otherwise in need of special education and related services, homebound or hospitalized instruction shall maintain the continuity of the child's regular program. The requirements of evaluation and an individualized education program shall not apply and a planning and placement team meeting need not be convened.

(2) In the case of a child not previously receiving special education and related services, the requirements of evaluation and an individualized education program shall apply if there is reason for the planning and placement team to believe that the child will continue to require special education and related services.

(3) In the case of a child receiving special education and related services, the planning and placement team shall, where necessary, modify short-term instructional objectives in the child's individualized education program.

[(b) Necessary conditions. Homebound and hospitalized instruction shall be provided only when the planning and placement team finds that one or more of the following conditions applies.

(1) A physician has certified in writing that the child is unable to attend school for medical reasons and has stated the expected date the child will be able to return to the school.

(2) The child has a handicap so severe that it prevents the child from learning in a school setting, or the child's presence in school endangers the health, safety or welfare of the child or others.

(3) A special education program recommendation is pending and the child was at home at the time of referral.

(4) The child is pregnant or has given birth and a physician has certified that homebound or hospitalized instruction is in the child's best interest and should continue for a specified period of time]

(c)(1) Commencement of services. Instruction for a child who is unable to attend school for medical reasons shall begin no later than the eleventh day of absence from school, provided the board has received notice in writing that meets the requirements of subsection (a) of this section. If the board is provided with adequate notice prior to the child's absence from school, instruction may begin earlier than the eleventh day of absence. If the child's condition is such that the child cannot receive instruction, the child's treating physician shall determine when instruction shall begin and shall, in writing, inform the board.

(2) Instruction for a child with a disability who is medically complex shall begin no later than the third day of absence, provided such child is medically able to receive instruction.

[(c) Length of absence. Homebound or hospitalized instruction shall be provided when a child's condition will cause an absence of at least three weeks' duration. Provided nothing in the child's condition precludes it, such instruction shall begin no later than two weeks from the first day of absence.]

**STONINGTON PUBLIC SCHOOLS  
HOMEBOUND AND HOSPITALIZATION INSTRUCTION  
VERIFIED MEDICAL REASON**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address of Child: \_\_\_\_\_

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

Address of Parent(s): \_\_\_\_\_  
(if different from child)

**The section below must be completed by the student's treating physician to verify a medical reason that prohibits the student from attending school. Upon completion, this form must be provided by the treating physician directly to the Stonington Public Schools.**

Contact Information for Treating Physician

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Medical Verification

Yes    No

   \*\*    I have consulted with school health supervisory personnel and have determined that the child's attendance at school with reasonable accommodations is not feasible. Contact with school nurse or clinician was made on: \_\_\_\_\_  
(Date)

       The above-named child is unable to attend school due to a verified medical reason.

       The child will be absent from school for at least ten (10) consecutive school days.

       The child will be absent from school for short, repeated periods of time during the school year, due to a chronic illness.

The child has been diagnosed with: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The child is expected to be able to return to school on: \_\_\_\_\_

Other relevant information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***\*\* Per Connecticut State Regulation 10-76d-15(a)(1) the treating physician is required to consult with school health supervisory personnel in determining that the child's attendance is not or may not be feasible even with reasonable accommodations. Parents must provide consent/release for the parties to communicate with each other, and homebound instruction will not commence until consultation is complete. Completion of this form is not considered consultation. Please be advised that repeated consultation and documentation may be requested and required, per discretion of the school district.***

By signing below, I verify that the above information is accurate to the best of my professional knowledge.

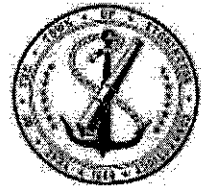
\_\_\_\_\_  
Signature of Treating Physician

\_\_\_\_\_  
Date

***Please attach any pertinent medical records for the school nurse.***

# STONINGTON PUBLIC SCHOOLS

49 NORTH STONINGTON ROAD • P.O. BOX 479 • OLD MYSTIC, CT 06372  
PHONE: (860) 572-0506 FAX: (860) 572-1470



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## TRANSFER OF CONFIDENTIAL STUDENT INFORMATION PROTECTED HEALTH INFORMATION

Date \_\_\_\_\_

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Town/State/Zip Code: \_\_\_\_\_

Parent(s)/Guardians(s): \_\_\_\_\_ School: \_\_\_\_\_

	<u>Obtain</u>	<u>Release</u>
Health/Medical *	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify):		
Verbal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

To/From: \_\_\_\_\_

Address: \_\_\_\_\_  
Name  
Street Town State/Zip Code

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

\* If this authorization is being used to obtain Protected Health Information from a child's physician or other covered entity under HIPPA, the following section must also be completed:

I, the undersigned, specifically authorize \_\_\_\_\_ to disclose my child's medical  
Name of Physician  
\_\_\_\_\_ at the above address  
Name of School

for the purposes described below (i.e., health assessment for school entry, special education evaluation, etc.):

By signing below, I agree that a photocopy of this authorization will be valid as the original. This authorization will be valid for a period of one year from the date below. I understand that I may revoke this authorization at any time by notifying the physician's office in writing, but if I do, it will not have any effect on actions taken prior by the Physician prior to receiving such revocation.

I understand that under applicable law, the information disclosed under this authorization may be subject to further disclosure by the recipient and thus, may no longer be protected by federal privacy regulations.

I understand that my child's treatment or continued treatment with any health care provider or enrollment or eligibility for benefits with any health plan may not be conditioned upon whether or not I sign this authorization and that I may refuse to sign it.

Any information received by the school pursuant to this authorization is subject to all applicable state and federal confidentiality laws governing further use and disclosure of such information.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Form Update: 10-16-2018