

Sayreville Public Schools
Home Instruction Information Sheet and Application Packet

Instructions for Parent or Guardian:

- **Complete page 2 (cover sheet)**
- **Have physician complete detailed medical form (pages 3 and 4)**
- **Complete HIPPA release (page 5)**
- **When application is complete in full, submit pages 2-5 to the school nurse**

Be advised that all Home Instruction applications will be submitted to District Administration and the District physician for review and approval. Submission of an application does not guarantee provision of home instruction services. The parent/guardian will be notified if home instruction services have been approved, or in writing if services are partially approved or not approved.

If Home Instruction services are approved, the student's School Counselor will seek tutors for your daughter/son. Your child's regular teacher will be requested first, if appropriate.

A Parent/Guardian must be present during all tutoring sessions. Tutors are not to be left in your home without a parent/guardian. At the conclusion of the tutoring session, the tutor needs the Parent/Guardian to sign their timesheet. Students may be given work to be completed in-between tutoring sessions. Students are required to complete all assigned work.

Sayreville Public Schools Application for Home Instruction

Student's Name:	DOB:
Parent/Guardian Name:	
Home Address:	
Home Phone #	Cell Phone #
School:	Grade:
School Counselor:	
Parent/Guardian's Email:	

Parent/Guardian Signature	Date	Principal Signature	Date
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Signature of Person Authorizing Instruction	Date
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Total Hours approved: _____

Additional Information: _____

PHYSICIAN'S HOME INSTRUCTION PRESCRIPTION

For: Sayreville Public Schools

Student: _____ DOB: _____

_____ has been examined by me on _____.
(Name of Student) (Date of Examination)

The diagnosis is _____
(Illness or Injury)

This student is not contagious at this time. The student will be confined to his/her

home or hospital from _____ to _____ and will require
(Begin Date) (End Date)

homebound instruction during this period.

Required for Students with Mental Health Needs, such as anxiety, depression, or school avoidance:

- 1. What are the symptoms or social and/or emotional factors that are preventing this student from attending school?

- 2. Which accommodations do you recommend to help expedite the student's return to school?

3. Please provide details regarding the Transition Plan that you have in place to expedite the student's return to school, including consideration of a partial day with accommodations and school based supports.

Doctor's Name (Please Print)

Doctor's Signature

Doctor's Address

Doctor's Phone Number

Date

*For students with disabilities:

When the provision for home instruction will exceed 30 consecutive days in a school year, the IEP team shall convene a meeting to review and if appropriate, revise the student's IEP. (N.J.A.C. 6A:14-4.9(a)8)

*For non-disabled students:

When the student is confined at home or to a hospital by a physician for more than 60 calendar days, the school physician shall refer the student to the Child Study team. (N.J.A.C. 6A:14-4.9(a)9)

Doctor's Stamp

Sayreville Public Schools
Authorization for Exchange of Confidential Information

Student: _____ Date: _____

Date of Birth: _____ Grade _____

Home Address: _____

Phone Number: _____

As Parent/Guardian of the above-named student, I hereby authorize the physician/medical provider/hospital listed below to discuss and release medical information pertaining to _____ for the purpose of student accommodations, attendance, Home Instruction, 504 Plans, medications, and other necessary information requested by the school, to appropriate professional staff involved in the care of my child. This consent is valid for the **2021-2022 school year** and is intended to allow the staff to better serve my child.

Physician: _____

Address: _____

Phone: _____

NOTE: Medical release must be in place for all students requesting any accommodation(s).

Signature of Parent/Guardian

Date

Signature of Student if 18 years old

Date

