

# GREAT VALLEY SCHOOL DISTRICT

## HOME SCHOOLING PROCEDURES

The following procedures should be shared with parents requesting home schooling for their child/children. The parents should read the procedures and all should be checked "YES" to assume they fully understand their obligations in the home schooling program

All questions regarding these procedures with specifics of the home schooling statute should be addressed to:

Dr. Daniel F. Goffredo, Ed.D  
Superintendent  
Great Valley School District  
100 Lindenwod Drive  
Malvern, PA 19355

Ms. Abby Linderman  
Supervisor of Specialized Programs  
Great Valley School District  
100 Lindenwod Drive  
Malvern, PA 19355  
610-889-2125 ext. 52128

	<u>YES</u>	<u>NO</u>
1. Has a notarized affidavit of the parent or guardian or other person having legal custody of the child or children been filed with the superintendent before the start of the home schooling program?	_____	_____
Does the affidavit include:		
a. name of the supervisor of the home education program;	_____	_____
b. name(s) and age(s) of each child who will participate;	_____	_____
c. address and phone number of the home education site;	_____	_____
d. assurance that the supervisor will teach in English all subjects required by the statute;	_____	_____
e. outline of proposed education objectives by subject area;	_____	_____
f. evidence that the child or children have been immunized and have received medical and health services as required by Section 1303(A) of the School Code;	_____	_____

YES      NO

- g. certification that all adults living in the home have not been convicted of the criminal offenses listed in Act 34 within the preceding five years; \_\_\_\_\_
- h. assurance that the home schooling program will comply with all the requirements of the statute; \_\_\_\_\_
- i. for each year after the first year of operation, the program supervisor must submit a new affidavit on or before August 1<sup>st</sup> ; \_\_\_\_\_

2. Have the parents been informed and agreed that the child/children must meet the compulsory attendance requirements of 180 days of instruction – 900 hours per year at the elementary level and 990 hours at the secondary level – and that the following required courses are taught; \_\_\_\_\_

Elementary

- English – including spelling, reading, and writing
- Arithmetic
- Science
- Geography
- History of the United States & PA
- Civics
- Safety education – including the dangers and prevention of fires and drug abuse
- Health and Physiology
- Physical Education
- Music
- Art

Secondary

- English – including language, literature, speech and composition
- Science
- Geography
- Social studies – including civics
- World history, history of the US & PA
- Mathematics – including general mathematics, algebra, and geometry
- Art
- Music
- Physical education
- Health and safety education – including regular and continuous instruction on the dangers and prevention of fires and drug abuse
- Courses such as economics, biology, chemistry, foreign languages, trigonometry, and other age appropriate courses as contained in Chapter 5 of the State Board of Education at the discretion of the program supervisor

YES      NO

3. Have the parents been informed that the following minimum courses in grades nine through twelve are required for graduation in a home education program: \_\_\_\_\_
- four years of English \_\_\_\_\_
  - three years of Mathematics \_\_\_\_\_
  - three years of Science \_\_\_\_\_
  - three years of Social Studies \_\_\_\_\_
  - two years of Arts and Humanities \_\_\_\_\_

**NOTE:**

Graduation from a home school program does not entitle the student to a Great Valley diploma. The home-schooled child can apply for a Commonwealth Secondary School Diploma from the Department of Education.

	<b><u>YES</u></b>	<b><u>NO</u></b>
4. Have the parents been informed that the Great Valley School District will not grant credit for courses for grades nine through twelve completed through homeschooling? Home schooled students returning to Great Valley School District will be evaluated by a team consisting of department chair(s), teacher(s), counselor, the principal, and when necessary, the Assistant Superintendent, to determine the student's outcome attainment and appropriate grade placement. Students may be required to take any and all exams normally administered by the teacher of the applicable courses as part of the evaluation process. Students with accumulated transcripts/credits from a home schooling accrediting agency will submit each transcript to be evaluated. However, submission of transcripts from a homeschooling accrediting agency does not guarantee acceptance of credits noted on the transcript.	_____	_____

	<b><u>YES</u></b>	<b><u>NO</u></b>
5. Have the parents been informed that the supervisor of the home education program shall maintain a portfolio of materials for each student enrolled in the home education program and must include:		
- title(s) of reading materials used	_____	_____
- writing samples	_____	_____
- worksheets	_____	_____
- workbooks or creative materials used as developed by the student	_____	_____
- grade 3, 5, 8, results of a nationally named standardized achievement test in reading/language arts and mathematics or the results of statewide tests administered in these grades	_____	_____

(a list of tests are available from PDE)

6. Have the parents been informed that at least annually the student's portfolio must be reviewed and the student interviewed by a school or licensed clinical psychologist, a certified teacher, or a non-public school teacher or administrator? This evaluator may not be the supervisor of the home education program or the supervisor's spouse. The individual conducting this review and interview must have at least two years of evaluation experience in a Pennsylvania public or non-public school within the last ten (10) years and produce a written report of this evaluation. The evaluator must have elementary or secondary experience appropriate to the level of the student. Annually, a copy of this evaluation shall be submitted to the school district for their files.	_____	_____
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YES      NO

7. Have the parents been informed that the school district, at the request of the supervisor, will lend to the home education program copies of the school district's planned courses, textbooks and other curriculum materials appropriate to the student's age and grade level? These materials will be cataloged, receipted and returned to the district at the conclusion of the school year.

\_\_\_\_\_

8. Have the parents been informed that a home education program shall meet compulsory attendance requirements for a student identified pursuant to the Education of the Handicapped Act (91-230, 20 U.S. Code § 1401. et seq.) with a disability only when the program addresses the specific needs of the student and is approved by a teacher with a valid education certificate from the Commonwealth to teach special education, or a licensed clinical or certified school psychologist?

\_\_\_\_\_

Written notice of such approval must be submitted with the required affidavit. This requirement does not apply to students that are identified as gifted.

The supervisor may request that the School District or intermediate unit of residence provide services that address the specific needs of a student with a disability if the student is enrolled.

When the provision of services is agreed to by both the supervisor and the School District or intermediate unit, all services shall be provided in the public schools or in a private school licensed to provide such programs and services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Education Student(s)

**GREAT VALLEY SCHOOL DISTRICT**

**AFFIDAVIT OF THE SUPERVISOR OF A HOME EDUCATION PROGRAM**

To the superintendent of the Great Valley School District

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

- 1) I attest that I am the parent, guardian or legal custodian of the student(s) listed below:

\_\_\_\_\_  
(Name of Supervisor)

I am the supervisor of the home education program and am responsible for the provision of instruction in the home education program, and I have earned a high school diploma or its equivalent.

Name and Age of each child who shall participate in the program:

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

Address of Home Education Program Site: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number of Home Education Site: \_\_\_\_\_

- 2) I attest that the home education program will be in compliance with Section 13-1327.1 of Pennsylvania Statutes Annotated.

- 3) I attest that the subjects listed in paragraphs four A and four B below will be offered in the English language for a minimum of 180 days of instruction, or a minimum of 900 hours of instruction at the Elementary School Level, or 990 hours of instruction at the Secondary School Level.

- 4) A. At the Elementary School Level, I attest that the following courses shall be taught:  
English, to include spelling, reading, and writing; Arithmetic; Science; Geography, History of the United States and Pennsylvania; Civics; Safety Education, including regular and continuous instruction in the dangers and prevention of fires; Health and Physiology; Physical Education; Music; and Art.

- B. At the Secondary School Level, I attest that the following courses shall be taught:  
English, to include language, literature, speech and composition; Science; Geography; Social Studies, to include civics, world history, history of the United States and Pennsylvania; Mathematics, to include general mathematics, algebra, and geometry; Art; Music; Physical Education; Health; and Safety Education, including regular and continuous instruction in the dangers and prevention of fires. Other courses may be included at the discretion of the supervisor. The following minimum courses in grades 9 through 12 are required for graduation in a home education program: 4 years of English; 3 years of Math, Science, and Social Studies; 2 years of Arts and Humanities.

- 5) I attest that the Education Objectives in the home education program are by subject area as attached to this affidavit. (attach Education Objectives)

- 6) I attest that \_\_\_\_\_ has been immunized  
(student(s) name)  
against the following diseases and I have attached evidence thereof , or said student(s) has a medical or religious exemption pursuant to Section 1303(c) and (d) of Pennsylvania Statues Annotated:

- a. Diphtheria; b. Tetanus; c. Poliomyelitis; d. Measles (Rubeola);
- e. German Measles (Rubella); f. Mumps; g. Hepatitis B

(attach Evidence of Immunization)

7) I attest that \_\_\_\_\_ has received the  
(student(s) name)

health and medical services required by Article XIV of the Public School Code\*, and I have attached evidence thereof, or said student has a religious exemption under Section 14-1419 of Pennsylvania Statutes Annotated.

\* Article XIV requires that every child of school age be given by methods established by the State's Advisory Health Board, an annual vision test, a hearing test, a measurement of height and weight, tests for tuberculosis under medical supervision and other tests required by the Advisory Health Board. Children upon entry into school and in the 6<sup>th</sup> and 11<sup>th</sup> grades must have a medical examination and comprehensive appraisal of health by a physician. Children upon entry into school and in the 3<sup>rd</sup> and 7<sup>th</sup> grades must have a dental examination by a dentist. A comprehensive health record shall be maintained for each child.

(attach Evidence of Health & Medical Services)

8) I attest that no adult living in the home, including the undersigned supervisor, or any person having legal custody of \_\_\_\_\_  
(student(s) name)

has been convicted within five years of today's date of any of the following offenses under Section 111 of the Pennsylvania Consolidated Statutes:

- Chapter 25 (relating to criminal homicide).
- Section 2702 (relating to aggravated assault).
- Section 2901 (relating to kidnapping).
- Section 2902 (relating to unlawful restraint).
- Section 3121 (relating to rape).
- Section 3122.1 (relating to statutory sexual assault).
- Section 3123 (relating to involuntary deviate sexual intercourse).
- Section 3124.1 (relating to sexual assault).
- Section 3125 (relating to aggravated indecent assault).
- Section 3126 (relating to indecent assault).
- Section 3127 (relating to indecent exposure).
- Section 4302 (relating to incest).
- Section 4303 (relating to concealing death of a child).
- Section 4304 (relating to endangering welfare of children).
- Section 4305 (relating to dealing in infant children).
- A felony offense under Section 5902(b) (relating to prostitution and related offenses).
- Section 5903(c) or (d) (relating to obscene and other sexual materials and performances).
- Section 6301 (relating to corruption of minors).
- Section 6312 (relating to sexual abuse of children).
- An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 63) known as "The Controlled Substance, Drug, Device and Cosmetic Act"
- An out-of-State or Federal offense similar in nature to those crimes listed above.

Signature of Supervisor of Home Education Program: \_\_\_\_\_

Notarization:

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

# Home Education Program Special Education Program Approval

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

School Year: \_\_\_\_\_

I am a teacher with a valid certificate from the Commonwealth to teach special education, or a licensed clinical or certified school psychologist.

In my professional opinion, the home education program planned for the above student addresses the specific needs of the student; therefore I hereby approve the home education program for the above student.

Name of teacher/psychologist: \_\_\_\_\_

Signature of teacher/psychologist: \_\_\_\_\_

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

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## **24 PS 13-1327 Compulsory school attendance**

*(d) Instruction to children of compulsory school age provided in a home education program, as provided for in section 1327.1 of this act, shall be considered as complying with the provisions of this section, except that any student who has been identified pursuant to the provisions of the Education of the Handicapped Act (Public Law 91-230, 20 U.S.C. § 1401 et seq.) as needing special education services, excluding those students identified as gifted and/or talented, shall be in compliance with the requirements of compulsory attendance by participating in a home education program, as defined in section 1327.1, when the program addresses the specific needs of the exceptional student and is approved by a teacher with a valid certificate from the Commonwealth to teach special education or a licensed clinical or certified school psychologist, and written notification of such approval is submitted with the notarized affidavit required under section 1327.1(b).*

*The supervisor of a home education program may request that the school district or intermediate unit of residence provide services that address the specific needs of the exceptional student in the home education program. When the provision of services is agreed to by both the supervisor and the school district or intermediate unit, all services shall be provided in the public schools or in a private school licensed to provide such programs and services.*

**PRIVATE PHYSICIAN'S REPORT OF  
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

DATE \_\_\_\_\_ 20 \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ HOMEROOM \_\_\_\_\_

NAME OF CHILD  _____	DATE OF BIRTH  _____	SEX <input type="checkbox"/> M <input type="checkbox"/> F
Last _____ First _____ Middle _____		

ADDRESS \_\_\_\_\_

\_\_\_\_\_

No. and Street      City or Post Office      Borough or Township      County      State      Zip Code

**MEDICAL HISTORY  
IMMUNIZATIONS AND TESTS**

VACCINE	Enter Month, Day, And Year Each Immunization Was Given			BOOSTERS & DATES	
	DOSES				
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, Td	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (Circle): OPV, IPV	1 / /	2 / /	3 / /	4 / /	5 / /
Measles, Mumps, Rubella	1 / /	2 / /			
Hepatitis B	1 / /	2 / /	3 / /		
HIB	1 / /	2 / /	3 / /		
Varicella	1 / /	2 / /		Varicella Disease or Lab Evidence Date: _____	
Other _____					

- MEDICAL EXEMPTION**      The physical condition of the above named child is such that immunization would endanger life or health
- RELIGIOUS EXEMPTION**      (Includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)

**If Applicable:**

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
<b>Date Read</b>	<b>Results (mm)</b>		<b>Signature</b>		

Follow-Up of significant tuberculin tests:

Parent/Guardian notified of significant findings on. \_\_\_\_\_  
Date

Result of Diagnostic Studies: \_\_\_\_\_  
Date

Preventive Anti-Tuberculosis - Chemotherapy ordered.     No     Yes    \_\_\_\_\_  
Date

(Continued on Back)



**Significant Medical Conditions (✓)**

	Yes	No	If Yes, Explain
Allergies .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemical Dependency .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drugs .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes Mellitus .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hypertension .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuromuscular Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orthopedic Condition .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory Illness .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Specify) .....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify \_\_\_\_\_

**Report of Physical Examination (✓)**

	Normal	Abnormal	Not Examined	Comments
● Height (inches)				
● Weight (pounds)      BMI				
● Pulse (            )				
● Blood Pressure      /				
● Hair/Scalp				
● Skin				
● Eyes/Vision				
● Ears/Hearing				
● Nose and Throat				
● Teeth and Gingiva				
● Lymph Glands				
● Heart — Murmur, etc.				
● Lung — Adventitious Findings				
● Abdomen				
● Genitourinary				
● Neuromuscular System				
● Extremities				
● Spine (Presence of Scoliosis)				

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Signature of Examiner

\_\_\_\_\_  
**Print** Name of Examiner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

## Dental Examination

Dear Parent or Guardian:

The Pennsylvania State School Health Act requires that children of school age be given a periodical dental examination. This examination is to be performed for students in **Kindergarten or first, third and seventh grades**, and those entering the Great Valley School District with incomplete records.

In order to provide for continuity in the student's dental care and follow-up, we suggest that this examination be given by the family dentist. However, the school provides for such examinations to be done at school.

If your child will be examined by your family dentist this summer, please have the dentist complete the form below. The completed form may be mailed to your child's school or returned to the school nurse by your child.

Thank you for your cooperation.

Sincerely,

GVSD School Nurse

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Commonwealth of Pennsylvania – Department of Health  
**Dental Health**

### FAMILY DENTIST REPORT

Name of Child \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

The above-named child last visited my office on (Date) \_\_\_\_\_

At the time all necessary dental corrections had been made.      Yes \_\_\_\_\_      No \_\_\_\_\_

Is patient under treatment?      Yes \_\_\_\_\_      No \_\_\_\_\_

Has patient received Topical Flouride applications?      Yes \_\_\_\_\_      No \_\_\_\_\_

Are there any recommendations for patient follow-up?      Yes \_\_\_\_\_      No \_\_\_\_\_

Dentist's Signature \_\_\_\_\_

## **Great Valley Home Education Policy 137:**

<http://go.boarddocs.com/pa/gvsd/Board.nsf/goto?open&id=BG33UV089EB3>