REQUEST FOR HOME INSTRUCTION APPLICATION

Parent/Guardian: PLEASE READ CAREFULLY.

Students may be deemed eligible for Home Instruction in those rare instances when long-term confinement to home or hospital is required because of severe illness or injury. The student's absence must be expected to last at least two weeks from the time a completed APPLICATION is received by the school. "Confinement" means that the student is bedridden or unable to participate in activities outside the house.

The approval process includes review by the school nurse, the principal, and the district Consultant for School Health Services. Eligibility will be determined by the Chief School Medical Inspector. A full report by the attending physician must accompany the APPLICATION. A follow-up contact will be made with the physician before approval. A physician's report will be necessary to release the student to return to school. It usually takes at least a week for eligibility to be determined and tutors to be arranged.

Students are expected to work regularly to keep up with their coursework during any absence. Home Instruction is provided to support lengthy absence. It is to assist in meeting the standards for promotion and graduation. However, it is not to be considered equal to the comprehensive in-school educational program the district provides.

As required by State Regulations, any student approved for Home Instruction beyond sixty (60) calendar days must be considered by the Child Study Team to determine eligibility for a special education program.

A student on Home Instruction status is not counted as absent from school. However, Home Instruction is not to be requested just to circumvent the Board's strict attendance policy. Any absence because of an illness which is named on the district's lengthy communicable disease list will be automatically excused upon presentation of a physician's verification. Furthermore, other legitimate absences will be considered for excuse by the school principal, upon parental request.

Primary delivery of Home Instruction is virtual school. Situations where access to a computer is an issue will be addressed as needed. The Building Administrator may assign a teacher as an alternate delivery method.

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Home Instruction is rendered for a minimum five hours per week (or one hour per major subject, whichever is greater) – in at least three visits per week. AN ADULT MUST SIGN the tutor's time sheet at the end of each visit to verify the actual time of instruction.

NOTE: AN ADULT MUST BE PRESENT IN THE HOME.
A QUIET PLACE MUST BE PROVIDED in which the student and instructor can work, free from interruption or distraction by family members or others.
The instructors are directed to leave the home if these conditions are not present. Lost sessions cannot be made up.

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I have read and understand the above information concerning Home Instruction. I believe it is appropriate for my student and is in accord with the Regulations governing the Home Instruction program. I request an APPLICATION FOR HOME INSTRUCTION form for:

_____ _____ _____
Student's Name School Grade/Homeroom

Type of illness/injury:

Probable length of absence:

_____ _____
Signature of Parent/Guardian Date

Received by:

_____ _____ Application given: _____ _____
Signature of School Nurse Date Yes No

THE EWING PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES & SPECIAL PROGRAMS

APPLICATION FOR HOME INSTRUCTION

Student: _____ School: _____ Grade:_____

This is to apply for Home Instruction for the above student who is confined to home or hospital as follows:

Type of illness/injury: _____

Anticipated duration: From _____ to _____

Name of attending physician: _____

I will provide a quiet place in which the student and instructor can work, free from interruption or distraction by others.

I assure that there will be an adult in the home whenever the Home Instructor is present.

I agree to sign the Home Instruction payroll/time sheet at the conclusion of each visit, verifying the time spent in instruction.

_____ _____ _____
Parent/Guardian (Print Name) Signature of Parent/Guardian Date

_____ Phones: Home_____
Address Work_____
Cell_____

_____

_____ _____ _____
Date Received Signature of School Nurse Date Forwarded

_____ _____
Date Signature of Principal

_____ _____ _____
Date Received Signature of Director Date Forwarded
Home Instruction

PLEASE COMPLETE SIDE TWO

SIDE TWO

MEDICAL REPORT OF ATTENDING PHYSICIAN (Please type or print)

IN ORDER TO PROVIDE HOME INSTRUCTION FOR THIS STUDENT, THE FOLLOWING INFORMATION MUST BE PROVIDED BY THE ATTENDING PHYSICIAN:

1. Medical condition and a diagnosis:

2. History, if necessary:

3. Treatment being received:

4. Prognosis:

5. Confinement began _____
   Confinement to end _____

6. To make Home Instruction most effective:

   Suggestions:

   Guidance:

   Restrictions:

_____ _____
Personal Signature, Attending Physician Date

_____ _____
Physician's Name (Typed or Printed) Phone Number

_____
Address

TO BE COMPLETED BY CHIEF SCHOOL MEDICAL INSPECTOR

Date Contact Made with Attending Physician _____

Yes____ No____ The student is facing a necessary long-term health confinement to home or hospital and is eligible for Home Instruction within the State regulations and Board policy. If not, explanation below.

_____ The specific date Home Instruction should be recognized as effective. Clarification needed if other than the date the APPLICATION was received by the School Nurse (such as following a future surgery).

_____ The projected termination date for the Home Instruction.

Yes_____ No____ Approval for more than sixty (60) calendar days, requiring Child Study Team involvement to determine whether the student may otherwise be eligible for special education and/or related services.

Comments/recommendations: (during Home Instruction; upon readmission)

_____ _____
Signature, Chief School Medical Inspector Date

THE EWING PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES & SPECIAL PROGRAMS

_____ _____ _____
Student's Name School Grade/Homeroom

The attending physician is to supply the information requested below at the conclusion of the Home Instruction period.

The completed form is to be returned to the school nurse on the student's first day of return. The student will not be readmitted until the school nurse has received and approved this RELEASE.

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_____ is released from Home Instruction on _____
Student's Name Date

_____ May resume a full school schedule including physical education activities.

_____ May return to school with the following recommendations and/or restrictions.

_____

_____

_____

_____

_____

_____
Date restrictions to be lifted.

_____ _____
Date Signature of Attending Physician

_____ _____
Physician's Name (Type/Print) Address

_____ _____
Date Received Signature of School Nurse