

Williamson Central School District



Homebound Instruction Guide

Homebound Instruction Guidelines for Parents/Guardians

1. Homebound instruction is provided on a short-term basis by the Williamson Central School District when a student who resides in the District is unable to participate in their usual education setting for at least ten (10) days during a three-month period due to a temporary or chronic physical, mental, emotional illness or injury as documented by the student's treating healthcare provider.
2. When requesting homebound instruction, the parent or guardian must submit a request to the Building Principal. The request must include written medical verification from the student's treating healthcare provider demonstrating the student's anticipated inability to attend school in person for at least ten (10) days during the next three months. The request must also include written consent authorizing the director of school health services or designee to contact the teaching healthcare provider. Refusal to provide such written consent will result in a denial of the request for homebound instruction. The request shall be forwarded to the Medical Director for review.
3. Once the Request for Temporary Alternative Instruction form has been received or the district receives notification of the student's medical condition, instructional services will commence within five school days. The district will notify the parents/guardians regarding the approval or denial of the request.
4. Homebound instruction will be provided for:
 - a. A minimum of ten (10) hours per week at the elementary level (K-6)
 - b. A minimum of fifteen (15) hours per week at the secondary level (7-12)
5. Students may receive less than the required amount of instruction per week if requested by their parent/guardian and supported by documentation submitted by their treating healthcare provider. Under these circumstances, the district must review the instruction delivery plan regularly, but not less than once a month, to determine when the student's instructional hours may be increased.
6. Once the Request for Temporary Alternative Instruction has been approved, the district will develop a written instruction delivery plan that will be reviewed every two weeks. This plan will include:
 - a. The number of hours per week and hours per day that the student will receive instructional services
 - b. The method by which instructional services will be delivered
 - c. The location where instructional services will be provided, such as the home, hospital, or institution

- d. An explanation of how the instructional services will enable the student to maintain academic progress.
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- 7. Homebound instruction may occur in public settings, such as a public library, tutoring center, etc. Homebound instruction may also occur in the home if the student has a documented need to be confined to home. For instruction occurring in the home, an adult (21 years or older) must be present at all times.
 - 8. Homebound instruction can occur in-person or remotely based on student needs.
 - 9. If the parent/guardian or homebound instructor finds that it is necessary to cancel a session, it is expected they do so (directly with the instructor) at least 24 hours in advance. The cancelled session may be made up during the week if time allows.
 - 10. Just as students are expected to be prepared in class, they are also expected to be prepared for their homebound instruction sessions. Staying on task, completing assignments, and maintaining appropriate behavior are expected to be the same at home, as they would be in a classroom setting.

Homebound Instruction Guidelines for Instructors/Tutors

1. Homebound instruction will be provided for core academic subjects that typically include: English, Math, Science, and Social Studies. For all other classes at the secondary level, the MTSS team will make the determination if homebound instruction is appropriate.
2. Upon approval of homebound instruction, the classroom teachers will provide assigned materials, along with any materials the instructor/tutor needs. Once this is established, it is the instructor's/tutor's responsibility to notify the classroom teachers when additional work is needed. It is expected that the student's assignments will reflect the same content and provide the student with an understanding of the main concepts being taught in school at that time.
3. The homebound instructor/tutor will teach the curriculum. Assignments and assessments will be submitted to the classroom teacher for evaluation/grading.
4. It is both the classroom teacher and homebound instructor's/tutor's responsibility to maintain regular communication regarding the student's progress. It is required that the homebound instructor/tutor complete the INSTRUCTION FORM on a weekly basis and provide it to the building representative who will share it with the MTSS team.
5. It is imperative that regular communication be established between the homebound instructor/tutor and the student's parents/guardians regarding progress, compliance with assigned work, and attendance. If attendance becomes problematic, this should immediately be reported to the building representative. The building representative will contact the parents/guardians.
6. Homebound instruction must occur within the identified schedule agreed upon by the district, homebound instructor/tutor, and parents/guardians. Any adjustment to the schedule must be pre-approved through the MTSS team.
7. If the parent/guardian or homebound instructor/tutor finds that it is absolutely necessary to cancel a session, it is expected they do so at least 24 hours in advance and documented on the INSTRUCTION FORM.
8. An adult (21 years or older) must be present at all times if instruction occurs in the home setting. When possible, homebound instruction should be provided at a neutral location such as a Public Library or other approved setting. The setting will be agreed upon prior to the start of instruction.
9. If a student is identified as receiving special education services, access to the IEP will be provided. Homebound instructors/tutors are expected to read and implement the IEP as appropriate.

Williamson Central School District

Checklist for Coordinating HBI

<i>Completed by building representative</i>	
	Request for Temporary Alternative Instruction form completed by parents and physician stating necessary reason for HBI. Referrals may also come from the CSE or Superintendent due to placement or disciplinary concerns. (Appendix A)
	Building representative will commence coordination after 48 hours unless a denial of the request is received. ☐ MTSS team develops the Student Support Plan which includes the instructional delivery plan. (Appendix B) ☐ Parent Agreement for Homebound Instruction completed and signed by parent/guardian. (Appendix B)
	Building representative notifies the parents of HBI approval. Parents are notified that the process of assigning homebound instructor/tutor will begin. The following information is mailed to parents/guardians at this time: ☐ Homebound Instruction Guidelines for Parents/Guardians
	Building representative notifies classroom teachers regarding student's placement on HBI (including timeframe) via email or written notice. ☐ If classroom teachers do not wish to be the homebound instructor/tutor, then the building representative should refer to the district's list of approved tutors. ☐ Building representative works with parents/guardians and instructor/tutor to determine instruction schedule
	Classroom teachers provide all materials needed for homebound instruction to building representative. ☐ Building representative provides all materials to instructor/tutor
	Instructor/tutor receives the Homebound Instruction Guidelines for Instructors/Tutors
	Instructor/tutor completes Homebound Instruction Form weekly and submits this to the building representative to be reviewed by the MTSS team. (Appendix C)
	MTSS team and/or building representative communicates with physician to facilitate full return to school. (Appendix D)

APPENDIX



Williamson Central School District
Parent Request for Temporary Alternative Instruction
Due to Medical or Emotional Disability
Appendix A

Student Name: _____

DOB: _____

School: _____

Grade: _____

Parent Name: _____

Telephone#: _____

Section 1: To be completed by the Parent/Guardian

Home instruction provides only 10 hours of instruction for elementary children and up to 15 hours per week for secondary students, compared to 35 hours per week of a normal school program. *Home instruction is generally a short-term measure for acute medical or emotional concerns.*

- Prolonged home instruction is insufficient for a child to learn effectively, to socialize, complete necessary science labs, and meet PE requirements.
- All requests for home tutoring due to emotional issues/school phobia must incorporate a reentry plan with your request. Tutoring in the home for mental health/school phobia is provided primarily for a period of adjusting medication, hospitalization, or intensive therapy. A reentry plan created by medical and school staff is critical to school reentry.
- In almost every case, the best place for a child is in school with peers. Accordingly, we make every effort to work with you to tailor a program that will suit the child's medical or emotional needs.

I, _____, parent/guardian of _____, am requesting temporary homebound instruction.

I give _____ (Medical or Mental Health Provider) permission to provide the Williamson Central School District supporting documentation for this request.

Parent/Guardian Signature: _____

Date: _____

Section 2: To be completed by the Medical or Mental Health Provider

Specific Diagnosis:

Anticipated Length of School Absence: _____

Is Patient under the ongoing care of a specialist or in active mental health therapy? Yes / No

Specialist or Therapist's Name/Title: _____

Is the Patient on medication for the current condition? Yes / No

If yes, is the dosage and medication stable? Stable / In transition

If in transition, please indicate the period needed to stabilize: _____

Rationale for Temporary Alternative Instruction:

Requested Start and End Date:

Requested Start Date: _____ Estimated End Date: _____

Type of Temporary Alternative Instruction Recommended

- ☐ In public settings, such as public library, tutoring center, etc. (student can leave their home but needs a quieter setting where the number of same-age peers is limited)
- ☐ In-home (Note: student must have a **documented need** to be **confined** to home **AND an adult must be present** in the home for this option)

Required by mental health provider for requests based on EMOTIONAL CONCERNS only:

Re-Entry Plan Input (This input will be used by the case manager to create a short-term reentry plan)

- ☐ Modified school day
 - ☐ Reduced day (please specify 1-6 hours): _____
 - ☐ Delayed start (please specify start time): _____
 - ☐ Early dismissal (please specify dismissal time): _____
 - ☐ Planned rests in health office (please specify times): _____
 - ☐ In-school alternative instruction as deemed appropriate with gradual re-introduction into regular classes
- ☐ Special accommodations in school
 - ☐ Extra time between classes
 - ☐ Early dismissal from class to promote safe passage in hallways
 - ☐ Use of elevator
 - ☐ Assistance with toileting
 - ☐ Other: _____

IMPORTANT NOTE: ALL EMOTIONALLY BASED REQUESTS MUST INCLUDE RECOMMENDATIONS FOR A RE-ENTRY PLAN. A REQUEST IS GOOD FOR A MAXIMUM OF ONE QUARTER (10 WEEKS). For an emotional disability, requests will not be honored if the form is either incomplete or is completed by anyone other than the treating mental health professional for an emotional condition, and this will cause a delay in services.

Signature MD, DO, Ph.D., PsyD, CSW, LMHC, PA, NPA Specialty or Title Date

Name/Title: _____

Address: _____

Phone: _____

Williamson CSD Office Use ONLY

Building Principal Signature: _____	☐ Approved ☐ Denied	Date: _____
Medical Director Signature: _____	☐ Approved ☐ Denied	Date: _____
Central Office (ASI) Signature: _____	☐ Approved ☐ Denied	Date: _____

Student Support Plan

(Appendix B)

☐ Instructional

☐ Social Emotional

☐ Behavioral

Name:		Date:	
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Student Strengths

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Student Areas for Growth

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Preventative Steps

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Student Support Plan

(Appendix B)

- ☐ Instructional
- ☐ Social Emotional
- ☐ Behavioral

Action Steps	
Goal	Intervention

Key People:	
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Student Support Plan

(Appendix B)

☐ Instructional

☐ Social Emotional

☐ Behavioral

Instruction Delivery Plan:

Number of Hours Per Week for Instruction	
Number of Hours Per Day for Instruction	
Method	☐ In-Person ☐ Virtual
Location	☐ Public Location: _____ ☐ Home ☐ Hospital
How instructional services will enable the student to maintain academic progress	
Other Considerations	

Review Date for BSP:		By Whom:	
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Student Support Plan

(Appendix B)

☐ Instructional

☐ Social Emotional

☐ Behavioral

Parent Agreement Form for Homebound Instruction

The following agreement must be signed by the parent/guardian of the student when requesting homebound instruction. Homebound instruction cannot begin until this form is signed and returned to the Building Representative along with a completed Request for Temporary Alternative Instruction

At the Middle/High school level, homebound instruction will occur (when medically possible) at a neutral location, such as a Public Library or if not on long term suspension, school grounds. In the event that it is not possible to meet in a public location, homebound instruction may occur in the home setting. When this occurs, a parent/guardian (or other adult over the age of 21) MUST be present at all times.

I, as parent/guardian of	
Birth Date	
School/Grade	

Will be present (or other responsible adult over the age of 21) when homebound instruction is being provided in the home setting. I am aware that in the event that I may need to leave my home, the home instruction will also leave the premises.

I also understand that if I have to cancel a homebound instruction session, I must do so 24 hours in advance. I realise that the scheduled session may or may not be made up according to the home instructor's schedule.

Signature of Parent/Legal Guardian	
Address	
Phone	
Email	
Date	



Medical Clearance Form to End Homebound Instruction and Return to School
Appendix D

This form should be submitted by the parent to the building Principal (level K-5) or counselor (Level 6-12) prior to the student returning to school from the homebound instruction program.

To be completed by parent:

Name of Student		DOB:	
School Building		Grade Level	
Parent Name		Today's Date	
Parent Signature			
Address			

To be completed by physician:

The above-named student may return to school on:	
Following a prolonged absence due to:	
The above-named student has the following restrictions/limitations:	
Please state the length of time the restrictions/limitations are to be observed	
Is there anything else the school should know about the care of this student when they return to school?	

PRINTED NAME OF PHYSICIAN	
Address	
Phone/Fax	
Physician Signature/Date	