

UPPER PERKIOMEN SCHOOL DISTRICT



HOMEBOUND INSTRUCTION MANUAL

DESCRIPTION OF HOMEBOUND PURPOSE AND LEGAL REQUIREMENTS

A school district, area vocational technical school, charter school, independent school, private school or non-public school may temporarily excuse a student from compulsory attendance on account of illness or other urgent reasons and provide that student homebound instruction while he or she is excused from school. Regulations require that the term "urgent reasons" be strictly construed not to permit irregular attendance at school. See 22 Pa Code § 11.25 in the Laws and Regulations section.

If a public school entity does provide homebound instruction and seeks to extend the duration of that instruction for a particular student beyond a three-month period, the extension requires the approval of the Pennsylvania Department of Education (PDE).

Any excusal from compulsory attendance must be reevaluated, at minimum, every three months. A school district may have a policy that requires more frequent evaluations.

School districts must have written policies regarding attendance, admission, excusal and program procedures. These must be distributed yearly to parents. See 22 Pa Code § 11.41.

NONATTENDANCE WITH HOMEBOUND INSTRUCTION PROVIDED

The purpose of homebound instruction is to keep students on track academically while the student is temporarily out of school. Homebound instruction is school-supplied one-to-one tutoring for a limited time. These students are counted in both the school membership* and school attendance**. See 22 Pa Code § 11.25(b).

A district may provide homebound instruction for the initial three months of excusal without consulting PDE. Following the initial three months, the district must obtain the approval of PDE to extend homebound instruction.

NONATTENDANCE WITHOUT THE PROVISION OF HOMEBOUND INSTRUCTION

If a condition exists which prevents a child from the ability to benefit from study, the student may be entered into the inactive roll with the PDE's approval until such a time as the student may benefit from study. See 24 P.S. § 13-1329 and 22 Pa Code § 11.34.

School Initiated. A school district may excuse a school age child from compulsory school attendance upon recommendation of the school physician and a psychiatrist or public school psychologist, or both, and with the approval of PDE. Prior to seeking excusal and approval, the school district must provide the child's parents with written notice of both the proposed excusal, including the reasons for the excusal, and an opportunity to be heard. See 22 Pa Code § 11.34 and 24 P.S. § 13-1330(2). Children so excused are entered on the inactive roll. ***

OTHER IN-HOME INSTRUCTION THAT IS NOT DESIGNATED AS HOMEBOUND INSTRUCTION

There are a number of educational options that sometimes are referred to as "homebound instruction" although they do not fit the legal definition of homebound instruction. The following are NOT categorized as "homebound instruction"

Instruction conducted in the home: for special education students for whom an Individualized Educational Plan (IEP) team determines that the instruction of the student is to be conducted in the home; students are counted in both the school membership and school attendance; this is not homebound instruction

Home Education Programs ("homeschooling"): usually taught at home by a parent (referred to as the home education supervisor); students are not counted in either the membership or school attendance; this is not homebound instruction

Home study: for expelled students or students awaiting placement; students are counted in the membership but not the school attendance; this is not homebound instruction

*Membership: student is on the attendance roles, whether or not he or she physically is present on any given day

**Attendance: days when a "member" student is counted as present in school

***Inactive Roll: student is not counted in either membership or attendance

HOMEBOUND INSTRUCTION APPLICATION

You have requested that your child be permitted to participate in the Upper Perkiomen School District's Homebound Instructional Program (HIP). The program is designed for students who are confined to their home or a hospital for temporary physical disabilities, illness, or injury; or when such confinement is recommended for psychiatric reasons.

The instruction is provided by certified teachers who come to the student's home or other meeting place while the parent, guardian, or other adult authority is present. The student is permitted a maximum of five (5) hours of instruction per week while under treatment. Homebound instruction is not a substitute for the classroom. Students may not be able to fully acquire the knowledge in HIP in which they would otherwise acquire at school.

The following outlines what is required for Homebound Instruction:

1. Completed and signed Application for Homebound Instruction must be received by the Administrative Offices

2. Completed and signed ORIGINAL Physician's Approval for Homebound Instruction must be received by the Administrative Offices,

NOTE: Psychological diagnoses must be completed by a Licensed Psychiatrist

3. Signed General Authorization for Use or Disclosure of Protected Health Information form must be received by the Administrative Offices,

4. Monthly medical reviews and updates must be provided to the District upon request. Failure of parent or guardian to provide requested documentation will be grounds for discontinuation of HIP.

5. Homebound instruction will not be provided for temporary disabilities that are not anticipated to last more than four (4) weeks.

6. Homebound instruction is only provided during the school year. If there are less than four (4) weeks left in the school calendar, initial homebound requests will not be granted.

7. All Homebound Instruction will expire on the date listed on the application or when treatment is discontinued, whichever date comes first. Under no circumstances will homebound instruction extend beyond 12 weeks or beyond the regularly scheduled school year without prior written authorization from the District and the Pennsylvania Department of Education.

a. If you are requesting an extension for HIP beyond the 12-week period, you must request the forms for an extension, and submit the completed forms at least 10 business days prior to HIP expiration to ensure no interruption to services. It is the parent/guardian's responsibility to obtain additional forms in a timely fashion if an

Reason for Homebound Instruction request from parent or guardian:

Is the reason/ condition listed above anticipated to last longer than a four-week period?

Yes _____ No _____ Signature: _____

Do you understand Homebound Instruction is not a substitute for the classroom?

Yes _____ No _____ Signature: _____

Do you understand that Homebound Instruction will be terminated upon conclusion of your child's treatment, end date on application, 12 weeks or end of school year- whichever comes first?

Yes _____ No _____ Signature: _____

Do you understand that you will be required to provide medical and/or psychological updates regarding ongoing treatment of your child every 12 weeks and upon request of District personnel; and that failure to do so will result in termination of homebound instruction services?

Yes _____ No _____ Signature: _____

Will you or another designated adult (age 21 or older) be present while homebound instructional services are being provided?

Yes _____ No _____ Signature: _____

Additional Terms and Conditions of Homebound:

1. Parent/ Guardian must provide a clean, quiet, well-lit room with comfortable temperature for the teacher and student.
2. A parent/ guardian or responsible adult must be present in the home for the entire period of homebound instruction.
3. The student must be dressed appropriately and ready for instruction upon arrival of the homebound teacher.
4. Parent/guardian must notify the teacher and homebound office 3 hours prior to scheduled instruction if the student is too ill to be taught or if any other persons in the home are suffering from a contagious illness.

5. Parent/ guardian must arrange all doctor appointments, therapy, etc. so they do not conflict with scheduled instruction when possible. Student is not permitted to attend any school functions while on homebound instruction. Failure to comply with the above conditions will result in the immediate termination of homebound instruction.

I hereby certify that the information provided on this application is true and accurate to the best of my knowledge. I further certify that I have read, understand and will comply with the rules and conditions of homebound instruction.

Signature of Parent/Legal Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

For Use by District:

Homebound Instruction: Approved/ Denied Reason: _____

Administrative Signature: _____ Date: _____

Date Instruction May Begin On or After: _____

Maximum Hours Per Week Permitted: _____

Date Instruction Must End on or Before: _____

Subject Instructor Information

	Assigned Date	Assigned Total Hours	End Date
English			
Math			
Science			
Social Studies			
Reading			
Foreign Language			

Physician's Statement Regarding Student Need for Homebound Instruction

Directions to the Physician:

Your patient has applied for the Upper Perkiomen School District's Homebound Instructional Program. This program is designed to assist the student in staying current with ongoing classroom studies during periods of temporary physical or emotional disabilities that prevent the student from attending the regular classroom. Homebound instruction is limited to 1 hour per day or 5 hours per week maximum.

In order to begin Homebound Instructional Program Services, you must complete the attached form as precisely as possible. If the disability listed in Item 1 is pregnancy, please provide an explanation of the complications surrounding the pregnancy that require the student to refrain from attending regular classes. Pregnancy alone is not a sufficient reason for being excused from compulsory attendance at school.

If the disability listed in Item 1 is a school phobia or other emotional condition, the diagnosis must be certified by a psychiatrist. Treatment must be ongoing and the District reserves the right to request updates on the patient's progress as deemed necessary and every 12 weeks at minimum. Incomplete forms will not be processed. If the attached form is not completed in full, homebound instruction will be automatically denied or terminated.

Thank you for taking the time to complete this form. If you have questions, please contact the Assistant Superintendent at 215-541- 2466.

Physician's Approval for Homebound Instruction

Patient's Name: _____

Birth Date: _____

Parent/ Guardian Name: _____

Parent/ Guardian Address: _____

I. I hereby certify the above named patient to have the following disability or temporary medical condition:

II. Patient's Diagnosis (Please state specifically using standard nomenclature):

III. Description of Medical or Mental Disability: _____

a. Prognosis: _____

IV. Is the patient physically/emotionally able to attend school in a regular classroom?

Yes _____ No _____

a. If no, can a reasonable accommodation be made to have the patient attend a regular classroom?

Yes- Specify Accommodation: _____

No- Please state a concise medical reason as to why the patient cannot attend school in a regular classroom:

V. Is the patient emotionally/ physically able to participate in a Homebound Instruction Program?

Yes _____ No _____

VI. What is the estimated length of time that the patient will require services of the Homebound Instructional Program? (May not exceed 12 weeks) _____

VII. The maximum number of hours of instruction per week that the school district provides homebound instruction is five hours. If this patient is unable to receive this many hours, please indicate the number of hours per week the patient can be given instruction.

NOTE: Emotional Diagnosis can only be certified by a licensed psychiatrist

Physician's Signature: _____

If psychiatrist, please check here: _____ Date Form was Completed: _____

Physician's Printed Name: _____

Address: _____

Phone Number: _____

Mobile Identification Number: _____