Homebound Tutoring Parent Manual

Beecher School District 200U



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#### HOMEBOUND SERVICES DEFINED

Section 14-13.01(a) of the School Code provides that home or hospital services be delivered to students who are unable to attend school due to a medical condition. To qualify, a parent must submit a statement by a licensed Physician, Advanced Practice Nurse, or Physician Assistant identifying the student's medical condition, the impact on the student's ability to participate in education, and the anticipated duration or nature of the student's absence from school. When the Physician, Advanced Practice Nurse, or Physician Assistant anticipates that, due to the student's medical condition, the student will be out of school for two consecutive weeks (10 days) or more or on an "ongoing intermittent basis," the student is eligible for home or hospital instruction. An "ongoing intermittent basis" means that the student's medical condition is of such a nature or severity that it is anticipated that the student will be absent from school due to the medical condition for periods of at least 2 days at a time, 2 or more times during the school year totaling 10 days or more of days or multiple days before the child qualifies for home or hospital instruction.

District 200U believes that, to the greatest extent possible, students should attend school on a full-time basis. However, there are situations in which a student is unable to attend school due to a medical, mental health, or disciplinary circumstance and the provision of homebound tutoring services may become necessary.

Homebound tutoring services cannot replicate the complete educational experience in which a student would participate if he/she attended school full time. Instead, homebound tutoring services are designed to provide continuity of educational services while a student is out of school and to enable the student to return to the classroom.

### **OVERVIEW OF SERVICES**

Homebound instruction is designed to provide continuity of educational services for students whose medical needs, both physical and psychiatric, do not allow school attendance for a limited period of time. Homebound instruction may be used to supplement the classroom program for students with health impairments whose conditions may interfere with regular school attendance (e.g., students receiving dialysis or radiation/chemotherapy or students with other serious health conditions). Students must be enrolled in a Beecher 200U school in order to receive homebound instruction.

#### **QUALIFICATIONS FOR HOMEBOUND INSTRUCTION:**

\*The student must be registered as a full-time student in District 200U.

\*Parents should notify their child's school as soon as they know that their student will be in need of either full-time or intermittent services.

\*The district must have current medical certification from a licensed physician determining that a student will, due to a medical condition, be out of school for a minimum of two consecutive weeks (10 school days) or on an ongoing intermittent basis.

\*If the Physician, Advanced Nurse Practitioner, or Physician Assistant writes the initial homebound certification for more than 9 weeks, the district requires them to complete another medical certification at least one week prior to the end of the 9 weeks in order for tutoring to be continued.

\*For a student with an IEP, when a Physician, Advanced Nurse Practitioner, or Physician Assistant statement is received indicating the need for homebound tutoring, the IEP team must consider if an IEP meeting needs to be convened.

#### **TUTORING INFORMATION:**

\*Students who are hospitalized or homebound on a full-time basis will generally receive five hours of instruction per week.

\*Students receiving intermittent homebound services will generally receive one hour of instruction for each day the student is unable to attend school due to the condition for which they have been recommended for homebound services.

\*Tutoring will take place in a mutually agreed upon location with an adult present.

\*Tutoring sessions are to be scheduled at a time mutually agreed upon by the tutor and student's parent or guardian. If they are unable to mutually agree to a time, a range of times and days will be provided to the family.

\*Tutoring times should be scheduled in advance during days when school would normally be in session. Any exceptions must be approved by an administrator.

\*Tutoring sessions will be made up anytime the tutor needs to cancel.

\*All tutoring hours to which a student is entitled must be completed within two weeks of the student's return to school unless additional time has been approved by building administration.

\*When the referral is made with less than two weeks of school left in the school year, there is no requirement to initiate home-hospital services.

\*For students who are pregnant, before the birth of the child, home instruction must be provided if a doctor's certificate states that the student is medically unable to attend regular classroom instruction. Additionally, for up to three months following the birth of a child or a miscarriage, the district is to ensure the provision of educational services to the mother; the doctor's statement must state the duration of the post-partum period required for these services which may be reduced or extended for up to 3 months by a Physician, Advanced Nurse Practitioner, or Physician Assistant.

#### **TUTOR REQUIREMENTS:**

\*A tutor must hold a current, professional teaching license in order to be eligible to provide homebound tutoring services.

\*An LBS1 endorsement is also required to provide homebound tutoring services to a student with an IEP.

## HOMEBOUND WORK, GRADES, AND ASSESSMENTS:

\*All homework, projects, and tests provided to the student must be completed within two weeks of the conclusion of tutoring unless additional time has been approved by administration (or is provided for in the student's IEP or 504 plan).

\*Students on homebound will be assessed on the curriculum components for the course. The educational team will work together to deem what work expectation will be required.

\*High school students enrolled in AP courses have curriculum and assessments driven by college board. For this reason, students in AP courses who are on homebound will be required to take the AP exam.

\*Students who are on homebound maybe considered for exemption from finals as determined by the educational team.

\*State assessments are required for students on homebound. Some students may not take state assessments due to their medical needs. A decisiom on whether the student is able to take state assessments will be determined by the student's educational team in cooperation with the family, and the student's Physician, Advanced Nurse Practitioner, or Physician Assistant.

#### SCHOOL SPORTS, EXTRA CURRICULARS, AND SCHOOL EVENTS:

\* Students who participate in sports or club's that require eligibility will not be permitted to participate while on homebound.

\*Students on homebound may participate in non-eligibility based clubs and school events if medically able.

#### HOMEBOUND TUTORING INDIVIDUAL RESPONSIBLITIES

#### HOMEBOUND COORDINATOR

\*Dawn Compton, Special Services Coordinator, shall oversee the homebound tutoring responsibilities in the district. She can be reached at 708-946-2202, extension 1110.

## **TEACHER OF RECORD**

\*Provide all assignments, instructions, and materials to the homebound tutor in a timely manner.

\*Provide any instruction or information needed to enable the tutor to assist the student.

\*Grade and return all completed work in a timely manner.

\*Communicate regularly with the tutor about the student's progress.

\*When necessary, communicate with the student or his/her guardians.

### HOMEBOUND INSTRUCTOR

\*Communicate in a timely manner with the student's family in order to arrange for tutoring times and locations.

\*In the event that a homebound tutor cancels a session, the tutor must inform the student's family as soon as possible and arrange to reschedule the session.

\*Communicate with the student's family for the purpose of scheduling tutoring times. When possible, try to set a regular tutoring schedule.

\*Communicate with the student's teacher(s) on a regular basis regarding homework and other required materials for the student.

\*Provide all student work to the student in a timely manner.

\*Return completed work to the school or teacher of record in a timely manner.

\*Keep an accurate log of tutoring sessions.

## PARENT

\*Provide Physician, Advanced Nurse Practitioner, or Physician Assistant statements/notes to the special services coordinator as needed.

\*Collaborate with homebound tutor to schedule days, tines, and locations for tutoring sessions. \*Notify the tutor within 24 hours in advance if parent/guardian needs to cancel a tutoring session.

\*Tutoring sessions cancelled by a parent/guardian will only be made up in the event that the student has become unexpectedly ill or if mutually agreed upon by the tutor and parent/guardian.

\*Tutoring may take place in the home with a parent or other adult present. Tutoring can not take place in the home if an adult is not present. If an adult is not able to be present, tutoring may take place at a public facility.

\*For in-home tutoring, provide a place free from distractions and make sure all pets are contained.

#### STUDENT

\*Be prepared with materials for the instructional period at the scheduled times.

\*Participate actively in the instructional process.

\*Communicate clearly with the instructor, parent, and school.

\*Complete assignments during the allotted time frame.

\*Seek help or clarification when needed and as soon as possible.

#### FREQUENTLY ASKED QUESTIONS FOR PARENTS/GUARDIANS

- 1.) Will the school provide homebound tutoring for my child if his therapist requests it? No, according to the Illinois School Code, tutoring can only be requested by a Physician, Advanced Practice Nurse, or Physician Assistant licensed to practice medicine in all its branches.
- 2.) If my child is eligible for homebound tutoring, when will the tutoring begin? The school will begin to arrange for tutoring as soon as the completed homebound certification is received by the school.
- 3.) What happens when my child is ready to return to school? The school will have a pre-arranged transition plan when your child is ready to return to school. If your child is returning from a hospitalization, typically the hospital will inform the school of your child's return. However, it is always in the best interest of your child to inform the school as soon as you know your child will be returning. It is very important for the school to have a plan in place to support your child in his/her transition back to school.
- 4.) How will my high school child be able to get credit for a class with lab component or a performance component such as Band? The answer is that it depends. While every effort will be made to provide your child with support and modified assignments needed to earn credit, there may be times when the nature of the class is such that it cannot be replicated in the home setting. In these cases, it is crucial that there is communication between home and school in order to make alternate plans if needed.
- 5.) My child has anxiety and does not want to go to school. Can the school help me? If you experience this situation with your child, you need to contact both your Physician, Advanced Practice Nurse, or Physician Assistant and the school as soon as possible. Schools have multiple resources to help with school anxiety. Ideally, your child's school will be able to work collaboratively with you (and any doctor or therapist) to create a supportive plan for your child to remain in school. However it is possible that it may become necessary to obtain medical certification for homebound tutoring services from your doctor, In some circumstances, an evaluation for a 504 Plan or IEP may be recommended.
- 6.) Do I have to allow the school to talk to my child's doctor? You are not obligated to consent for the school to exchange information with your child's doctor. However,

because it is our shared goal to have your child return to school, it is very helpful for the school and treating Physician, Advanced Practice Nurse, or Physician Assistant to communicate in order to coordinate necessary supports.

- 7.) How long will the school provide homebound tutoring for my child? Homebound tutoring services will be provided for the duration recommended by your child's doctor. However, it will be necessary to have the certification paperwork updated by the doctor every nine weeks.
- 8.) What if my child has a medical condition that causes him/her to miss school, but it is not everyday? There are times when it becomes necessary to provide for intermittent homebound services. There is certification paperwork that needs to be completed by your child's doctor regarding the need for these type of services. In these situations, your child will be provided with an hour of homebound tutoring after every full-day absence that is related to the condition for which your child is receiving tutoring.
- 9.) What responsibility does the district have for providing homebound instruction when a student is pregnant? For students who are pregnant, before the birth of the child, home instruction must be provided if a doctor's certificate states that the student is medically unable to attend regular classroom instruction. Additionally, for up to three months following the birth of a child or miscarriage, the district is to ensure the provision of educational services to the mother; the doctor's statement must state the duration of the post-partum period required for these services which may be reduced or extended for up to three months by a Physician, Advanced Pratcie Nurse, or Physician Assistant statement.
- 10.) What if my child has a doctor's appointment during the time that tutoring is scheduled? Please try to schedule doctor's appointments so that they do not conflict with tutoring sessions. If a doctor's appointment is scheduled for a time when tutoring has already been arranged, let the tutor know as far in advance as possible that the session will need to be cancelled. With sufficient notice, the tutor may be able to arrange to reschedule the session, but this is not always possible.
- 11.) What if the tutor and I cannot agree on a tutoring time? Tutoring should take place during days when school is in session, and all tutoring hours should be completed within the two weeks following the child's return to school. If the family and the tutor cannot agree to tutoring sessions during a "reasonable" time of day, the school may need to intervene and create a tutoring schedule.



#### **MEDICAL CERTIFICATION FOR HOME / HOSPITAL INSTRUCTION**

100 North First Street Springfield, Illinois 62777-0001

INSTRUCTIONS: Complete this form and retain on file in the local school district. Do not submit this form to the State Board of Education, but make this form available for auditing purposes.

Use your mouse of itab keyto move through the tields and check boxes. After completing tast tield, save document to hard drive to make tuture updates of click Print button.

Students may need to be educated temporarily away from the school building due to a medical condition (physical or mental). When a student needs to be away from the school building for a minimum of two or more consecutive weeks of school or ongoing intermittent absences totaling 10 or more school days, the student may be eligible for instruction at home or in a hospital (or other setting) by a qualified teacher. (34 CFR 300.39 and 300.115 and Section 14-13.01 of the school code [105 ILCS 5/14-13.01(a)] and ISBE Rule 226.300). It is not necessary for the student to have an IEP or 504 plan to qualify, although either may be created depending on student need and school procedures.

Parents: Please return this form to your child's school district promptly as services cannot be started until medical information is received. Upon receipt of medical certification, the school district will provide home/hospital services for an eligible student.

| SECTION 1 – THIS SECTION FOR SCHOOL DISTRICT USE ONI  | _Y  |                      |   |  |
|---|---|----------------------|---|--|
| NAME OF STUDENT (Last, First, Middle)   | GENDER  |                      | GRADE   |  |
|   | Male 📃  | Female               |   |  |
| STUDENT ADDRESS (Street, City, State, ZIP Code)   | NAME OF STUDENT PARENT OR GUARDIAN                          |                      |   |  |
| STUDENT DATE OF BIRTH   | TELEPHONE OF STUDENT PARENT OR GUARDIAN (Include Area Code) |                      |   |  |
| DISTRICT NAME AND NUMBER  | SCHOOL NAME   |                      |   |  |
| DISTRICT ADDRESS (Street, City, State, ZIP Code)  | SCHOOL ADDRESS (Street, City, State, ZIP Code)              |                      |   |  |
| DISTRICT TELEPHONE (Include Area Code)  | SCHOOL TELEPHONE (Include Area Code)                        |                      |   |  |
| SECTION 2 - TO BE COMPLETED BY PHYSICIAN LICENSED T   | O PRACTICE ME   | DICINE IN ALL IT     | S BRANCHES, APRN OR PA:   |  |
| DIAGNOSIS (Please fill in the following):   |   |                      |   |  |
| Disease/Injury/Surgery (Primary diagnosis)  |   |                      |   |  |
| If disease, is the disease communicable? Yes No If yes labeled "Special Recommendation to Teachers"   | , please provide ir   | nstruction to schoo  | I staff in the space below  |  |
| Drug/Alcohol Treatment  |   |                      |   |  |
| Pregnancy (Including Postpartum)  |   |                      |   |  |
| Mental Health/Emotional Health  |   |                      |   |  |
| Other (Please describe)   |   |                      |   |  |
| Impact the diagnosed medical condition has on this student's ability  | y to attend school:   |                      | *   |  |
| I certify that this student is unable to attend public school and is med  | lically eligible and  | physically able to b | e enrolled in the following program                                   |  |
| (Check (✓) one only)  | s or bedside  |                      |   |  |
| The medical provider must estimate that the student will need the finstruction for a minimum of 10 school days this school year. The longer than 10 days; if unable to determine approximate length of time stimate 'through end of school year' as long as the time period is at | ne time may be<br>ne, provider may                          |                      | of time student will need home or<br>n this school year, if possible. |  |
| Special Recommendation to Teacher concerning diet, rest,  |   |                      |   |  |
| exercise, positioning, etc.   | Type or Print Name of Physician, MD, DO, APRN or PA         |                      |   |  |
|   | Provider Contact Telephone Number (Include Area Code)       |                      |   |  |
| SCHOOL DISTRICT USE ONLY:   |   |                      |   |  |
| Date home or hospital instruction began:  | Original Signature of Physician, APRN or PA Date            |                      |   |  |
| ISBE 34-58 (4/23)   |   |                      | Print Reset Form  |  |



# **Beecher School District 200-U**

**Office of Special Services** 629 Penfield Street, P.O. Box 308 Beecher, IL 60401 Phone: 708-946-2202

## Authorization for the Release of Confidential Information

do hereby authorize the exchange of records and information between ١, (Name of Parent/Guardian) Beecher School District 200U agents and employees and \_ , regarding (Name of Person/Agency) \_\_\_. These disclosures are authorized by me pursuant to 20 U.S.C. Section (Name of Student) 1232g, 34 C.F.R. Section 300.622, 105ILCS 10/1 et seq., and 740 ILCS 110/1 et seq.\* and to be made for the purpose of educational planning for (Name of Student) I understand that I have the right to inspect and copy the information contained in those records. I also understand that my refusal to consent to the exchange of records and communications could impede educational planning for and service delivery to (Name of Student) Specific type of information to be disclosed: (Initial Appropriate Blanks) Social History 0 Psychological Evaluation/Testing Information 0 Treatment Progress 0

- Intake Sheet 0
- **Progress Notes** 0 Psychiatric Information
- 0 Academic Information/Classroom Behavior 0
- Medical/Medication Information 0
- Other (Please Specify) 0

This consent expires one year from the date indicated below. However, I understand that my consent is voluntary and that I have the right to revoke my consent, in writing, at any time.

Parent/Guardian Signature

Student Signature (for mental health/developmental disability records, if student is age 12 or older)

Witness Signature (for mental health/developmental disability records)

Note: Prior to the release of protected health information, health care providers may require the parent/guardian to execute an additional authorization form to comply with the Health Insurance Portability Accountability Act (HIPPA).

Date

Date

Date