

Homebound Tutoring Parent Manual

Plainfield CCSD 202



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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 absences. There is no requirement that a student be absent from school a minimum number of days or multiple days before the child qualifies for home or hospital instruction.

District 202 believes that, to extent greatest 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 Plainfield CCSD 202 school in order to receive homebound instruction.

Homebound instruction is not intended to supplant school services and is by design temporary. While no maximum number of homebound days can be set due to many complex situations that arise for students, instruction should take place in the school setting to the fullest extent possible. The student's inability to attend school for medical reasons, both physical and psychiatric, must be certified by a licensed medical Physician, Advanced Practice Nurse, or Physician Assistant.

QUALIFICATIONS FOR HOMEBOUND INSTRUCTION:

- ❖ In order to be eligible for home or hospital services provided by PCCSD 202, the student must be registered as a full-time student in the district.
- ❖ 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 a current medical certification from a licensed physician determines 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 Practice Nurse, or Physician Assistant writes the initial homebound certification for more than 9 weeks, the district requires that the Physician, Advanced Practice Nurse, or Physician Assistant completes 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 Practice Nurse, or Physician Assistant's 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 the student's home with an adult present. Tutoring may also take place in a public facility such as a library or at the student's school if appropriate.
- ❖ Homebound tutoring sessions are to be scheduled at a time mutually agreed upon by the tutor and student's parent or guardian. If the tutor and family 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 a District Student Services Level Director.

- ❖ 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 Physician, Advanced Practice Nurse, or Physician Assistant statement.

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 building administration (or is provided for in the student's IEP or 504 plan).
- ❖ Incomplete work may be counted as a zero for grading purposes pursuant to the teacher's generally applicable grading policy.
- ❖ Students on homebound will be assessed on the curriculum components for the course. They may not be required to take district outcome assessments unless agreed upon by the educational team.
- ❖ For high school students in courses with labs or a performance element (such as a World Language or Art class) it may become necessary to adjust a student's schedule. Should the need arise, the issue will be discussed with school personnel, the student, and the student's family.
- ❖ High School Students enrolled in AP courses have curriculum and assessments driven by the College Board. For this reason, students in AP courses who are on homebound will be required to take finals.
- ❖ Students who are on homebound for four weeks consecutively prior to finals will not be required to take district finals. Other students who are on homebound may be 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. Decision 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 Practice Nurse, 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 RESPONSIBILITIES

HOMEBOUND COORDINATOR

Each building is required to identify a building administrator who shall oversee the homebound tutoring responsibilities in his/her building.

CERTIFIED SCHOOL NURSE

- ❖ Communicate with parent regarding completion of required paperwork.
- ❖ Obtain the medical certification required to begin the homebound tutoring process.
- ❖ Review medical certification and seek updated information when necessary.
- ❖ With parental consent, the CSN shall maintain communication with the Physician, Advanced Practice Nurse, or Physician Assistant when additional information is needed or would benefit the school and student.
- ❖ Communicate with school personnel immediately, specifically the building homebound coordinator, upon receiving or anticipating receiving homebound paperwork.
- ❖ When appropriate, communicate with parent and building administration regarding any medical needs and updates.
- ❖ Updates, including continued medical certification, must be done at least a week prior to when the current homebound order is set to expire or a week prior to when the student is expected to return.

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 as soon as possible.
- ❖ 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 tutoring 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 as soon as possible.
- ❖ If necessary, communicate to the school nurse if there are any changes in the student's condition that could require a need for a need for further review.
- ❖ Keep an accurate log, with parent/guardian signatures, of each tutoring session.

PARENT

- ❖ Provide Physician, Advanced Practice Nurse, or Physician Assistant's statement to the Certified School Nurse and updates as needed.
- ❖ Collaborate with homebound tutor to schedule days, times, and location for tutoring sessions.
- ❖ Notify the tutor 24 hours in advance if parent/guardian needs to cancel a tutoring session.
- ❖ Tutoring sessions canceled by a parent/guardian will only be made up in the event that the student has become ill unexpectedly or if mutually agreed upon by both tutor and parent/guardian (with arrangements made more than 24 hours in advance of the originally scheduled session).
- ❖ Tutoring may take place in the home with a parent or other adult present. An adult is defined as a person 18 years or older who is not a current Plainfield CCSD 202 student.
- ❖ For in home tutoring, provide a place free from distractions and make sure all pets are contained. Additionally, recognize that you can be a distraction for your child and respect the tutor's request that you remain in a different room during sessions.
- ❖ Tutoring cannot take place in the home if an adult is not present.
- ❖ If an adult is not able to be present or if agreed upon, tutoring may take place at a public facility such as a library.

STUDENT

- ❖ Be prepared with materials for the instructional period at the scheduled times.
- ❖ Participate actively during instruction.
- ❖ Communicate clearly with instructor, parent, and school if applicable.
- ❖ Complete assignments during the allotted time frame.
- ❖ Seek help or clarification when needed and as soon as possible.

APPLICATION/MEDICAL CERTIFICATION FOR FULL-TIME HOSPITAL/HOMEBOUND SERVICES

MEDICAL CERTIFICATION: Per Illinois School Code, (14-13.01(a)) Homebound services are considered when a licensed Physician, Advanced Practice Nurse, or Physician Assistant determines that a student will, due to a medical condition, be out of school for a minimum of two consecutive weeks (10 school days).

Name of Student D.O.B.
Name of School Grade

Part 1: To be completed by a Physician, Advanced Practice Nurse, or Physician Assistant:

Diagnosis: Please Fill in the following

1. Disease/injury/surgery/other medical condition preventing this student from attending school?

2. If disease, is the disease communicable? Yes No If yes, please provide instruction to school staff.

3. Nature and extent of medical condition

4. Impact of the medical condition on the child's ability to participate in education (including the child's physical and mental tolerance for receiving educational services)?

5. Date of examination or diagnosis of this illness?
6. Is the student confined at home or to a health care facility? Yes No
7. Could the student attend school if accommodations were made? Yes No
If yes, please list the accommodations required. If no, please explain.

8. Estimated date of return to school:
9. Ongoing treatment or therapy being provided :

10. Frequency of treatment:

I certify that this student is unable to attend public school and is medically eligible and physically able to be enrolled in the following program:

Check one (only one): Hospital Instruction Homebound Instruction

Name of Physician, Advanced Practice Nurse, or Physician Assistant (printed)

Phone

Physician, Advanced Practice Nurse, or Physician Assistant Signature

Date

Part 2: To be completed by Parent:

My signature below indicates that I understand that PCCSD 202 Hospital/Homebound Services are designed to provide educational services when a significant medical concern precludes school attendance for a temporary period of time during the school year. Homebound tutoring is designed to provide continuity of educational services between school and home or medical facility and is not designed to replace the educational benefits received during full-time attendance at school. I understand the purpose and limitations of homebound tutoring services. I am applying for homebound services based on the certification of a Physician, Advanced Practice Nurse, or Physician Assistant. I understand that homebound services will not begin until this medical certification form is completed and signed by the Physician, Advanced Practice Nurse, or Physician Assistant and in the school's possession. I have read the homebound manual and I am aware of the parent/guardian and student responsibilities.

Parent/Guardian Signature

Date

Student Signature

Date

*Parents/Guardians: 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.

SCHOOL DISTRICT USE ONLY:

Date home or hospital instruction began:

APPLICATION/MEDICAL CERTIFICATION FOR INTERMITTENT HOSPITAL/HOMEBOUND SERVICES

MEDICAL CERTIFICATION FOR INTERMITTENT HOMEBOUND: Per Illinois School Code, (14-13.01(a)) intermittent homebound services are considered when a licensed Physician, Advanced Practice Nurse, or Physician Assistant determines that a student will, due to a medical condition, be out of on an ongoing intermittent basis. By definition, intermittent homebound is designed for students whose medical condition results in absences that total ten or more days throughout the school year.

Name of Student D.O.B.

Name of School Grade

Part 1: To be completed by Physician, Advanced Practice Nurse, or Physician Assistant

Diagnosis: Please Fill in the following

1. Disease/injury/surgery/other medical condition preventing this student from attending school?
2. If disease, is the disease communicable? Yes No If yes, please provide instruction to school staff.
3. Nature and extent of medical condition
4. Impact of the medical condition on the child's ability to participate in education (including the child's physical and mental tolerance for receiving educational services)?
5. Date of examination or diagnosis of this illness?
6. Is the student confined at home or to a health care facility? Yes No
7. Could the student attend school if accommodations were made? Yes No
If yes, please list the accommodations required. If no, please explain.
8. Estimated frequency of absences:
9. Estimated duration of absences:

10. If absences are scheduled (for example, due to treatments), when will the student be absent?

11. If absences are unscheduled (for example, due to flare ups of the condition), is it possible to anticipate or minimize absences? Yes No

If yes, please explain how.

12. Ongoing treatment or therapy being provided :

13. Frequency of treatment:

I certify that this student is unable to attend public school and is medically eligible and physically able to be enrolled in the following program:

Check one (only one): Hospital Instruction Homebound Instruction

Name of Physician, Advanced Practice Nurse, or Physician Assistant (printed)

Phone

Physician, Advanced Practice Nurse, or Physician Assistant Signature

Date

Part 2: To be completed by Parent:

My signature below indicates that I understand that PCCSD 202 Hospital/Homebound Services are designed to provide educational services when a significant medical concern precludes school attendance for a temporary period of time during the school year. Homebound tutoring is designed to provide continuity of educational services between school and home or medical facility and is not designed to replace the educational benefits received during full-time attendance at school. I understand the purpose and limitations of homebound tutoring services. I am applying for homebound services based on the certification of a Physician, Advanced Practice Nurse, or Physician Assistant. I understand that homebound services will not begin until this medical certification form is completed and signed by the Physician, Advanced Practice Nurse, or Physician Assistant and in the school's possession. I have read the homebound manual and I am aware of the parent/guardian and student responsibilities.

Parent/Guardian Signature

Date

Student Signature

Date

*Parents/Guardians: 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.

SCHOOL DISTRICT USE ONLY:

Date home or hospital instruction began:

AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION FOR HOME HOSPITAL INSTRUCTION

PLAINFIELD COMMUNITY CONSOLIDATED SCHOOLS

DISTRICT 202

PLAINFIELD, ILLINOIS 60544

To facilitate communication between the family, school, and Physician, Advanced Practice Nurse, or Physician Assistant to support the student, it is helpful for the school nurse or other designee to obtain parental permission to speak directly with the student's Physician, Advanced Practice Nurse, or Physician Assistant or his/her representative. Understanding the highly confidential nature of this communication, the school designee will only discuss with the Physician, Advanced Practice Nurse, or Physician Assistant medical or psychiatric concerns directly impacting the student's education. The information obtained by the school designee will only be shared with individuals who need to know the information to provide educational services or make educational decisions for the student.

School: **School Phone:**

Contact Person: **School Fax:**

Name of Child: **Birth Date:**

Home Address: **Home Phone:**

I hereby grant permission to Plainfield District 202 to release/exchange confidential information with the physician who signed the homebound certification in order to facilitate home/hospital instruction.

Name of Physician / APN / PA:

I understand that my permission covers possible discussions between the above Physician, Advanced Practice Nurse, or Physician Assistant, the release/exchange of permanent and temporary records, as well as the release/exchange of mental health records, confidential records and reports. This information will not be used for any other purpose than stated above.

I understand that I have the right to inspect and copy school records, to challenge the contents of these records and/or limit this consent to specific records and portions of records which I have designated as follows:

I understand that there may be consequences with a refusal to consent to release of any of the above information, in that such might impede educational planning.

This authorization is valid only for the duration of the homebound services for the current school year, but can be revoked at any time via written notice to either of the above agencies.

Signature of Parent/Guardian or Adult Student over 18 years of age **Date**

Relationship

- 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 designed, 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 and arrange to have a transition meeting either in person or on the phone with the school and the family. 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 that has a lab component, or a performance component such as Spanish?** The answer is that it depends. While every effort will be made to provide your child with the 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 critical 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 the school setting as soon as possible, 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 every day?** 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 intermittent homebound tutoring 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 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 Physician, Advanced Practice 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.