


DEPARTMENT OF SPECIAL SERVICES
Township of Union Public Schools
M-E-M-O-R-A-N-D-U-M

TO: Pat Ditri
FROM: Joseph Seugling 
RE: Board Agenda
DATE: 2013-08-14

The committee recommends and I so move that the board approve the attached
Procedures for Home Instruction.

TOWNSHIP OF UNION PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES

PROCEDURES FOR HOME INSTRUCTION
Pursuant to N.J.A.C. 6A:16-10.1, 10.2

- Category I Pupils are entitled to home instruction in cases when confinement by a physician and absence from school **IS EXPECTED TO BE IN EXCESS OF TWO WEEKS.** [Ten (10) consecutive school days or fifteen (15) cumulative school days during the school year.]
- Category II A pupil classified as educationally disabled shall have his/her individualized education program implemented through one to one instruction at home or another appropriate setting when it can be documented that no other program option is appropriate at that time.
- Category III Pupils are entitled to home instruction due to 5 or more consecutive days of suspension.

Arrangements for home instruction should be initiated by the parents with the school nurse. This action should start as soon as the need for home instruction is apparent. **DO NOT WAIT** until absence from school has actually occurred if it can be anticipated.

In the Union Public Schools all home instruction programs are coordinated by the Director of Special Services and/or designee with the assistance of the school nurse, school counselor and child study team staff.

The step-by-step procedures for implementing home instruction for Category I are:

1. Parents should contact the school nurse and discuss the need for home instruction.
2. The school nurse will provide the parents or adult student with an "Application for Home Instruction".
3. The school nurse will forward the completed application to the school physician for his/her review. The school physician will review it and notify the parent if the home instruction request is approved or not within five school days after receipt of the written determination by the student's physician.
4. Following approval by the school physician, the school counselor (secondary) or the teacher (elementary) will prepare a description of the students' program and home instructional needs in consultation with the nurse. **Instructional services shall begin within five (5) school days after eligibility has been established by the school physician.** If the school physician's verification is made prior to the student's confinement, instructional services shall begin during the first week of the student's confinement to the home or out-of-school setting.

5. If home instruction will exceed thirty (30) consecutive calendar days, an Individualized Program Plan (IPP) within no more than thirty (30) days from the date the school district receives the school physician's verification that the period of confinement would likely exceed this thirty (30) consecutive calendar day threshold will be developed.
6. If the pupils' absence from school is reported by the family physician due to physical or medical reasons, it is not necessary for the child study team to determine the pupils' eligibility. However, the child study team shall be notified by the school nurse when a pupils' confinement to home or the hospital exceeds sixty (60) calendar days. The child study team will then determine the need for an evaluation and shall proceed, if necessary, with the required evaluation to determine if the pupil is eligible for special education and related services pursuant to N.J.A.C. 6A:14.
7. At the elementary and middle school levels, the Director of Special Services or designee will coordinate arrangements for Board approved certified instructors; at the high school level, the Supervisor of Guidance will coordinate arrangements for Board approved certified instructors. Whenever possible, the same teachers who work with the child in the regular classroom will be used. If this is not possible, special efforts will be made to coordinate the activities of the home instruction staff with the regular staff.
8. Upon acceptance of the assignment, the home instructor will:
 - a. Contact the parent of the student.
 - b. Make arrangements for an instructional schedule which shall not be less than five hours per week except when recommended otherwise by the child study team or school physician. The five hours shall be provided by a teacher on three separate days. In no case shall an individual session exceed two hours. An additional five (5) hours of guided learning experience shall be provided.
 - c. Pick up educational materials necessary for the instruction from the building principal (elementary) or Supervisor of Guidance (secondary). The teacher (elementary) and school counselor (secondary) will prepare a description of the student's program and home instructional needs in consultation with the school nurse.
 - d. Maintain contact with the pupils' teacher who will assist in the instruction completion of course requirements.
9. The instructor will also be responsible for informing the parent of his/her availability and means of contact in case of unforeseen cancellation of scheduled time. Instruction will only be provided when a supervising adult is present in the home. (If not the parent, parent must provide written and notarized consent to authorize another adult age 21 or over to act as supervising adult.)
 - a. If an appointment is canceled by the parent, it is the responsibility of the parent to notify the instructor at least 24 hours in advance, if possible, and make arrangements for rescheduling at a mutually convenient date.
 - b. In the event that a student is not available for a scheduled appointment when the tutor reaches the home, the home instructor should wait a minimum of

fifteen (15) minutes. At this time, the tutor should make a note of the situation and reason for the absence, on the time sheet, and have the parent sign off to verify. The instructor will be entitled to half of the payment for the proposed visit.

10. Instructors will be furnished with the weekly report and time forms on which they will report dates and times of instruction, progress, and any concerns or comments. The parents' signature (or authorized adult 21 years of age or older via parent's written, signed and notarized consent) shall be obtained on the timesheet to verify each home instruction session. The necessary weekly report and time forms will be provided by the Department of Special Services. The instructor should return all completed forms to the Department of Special Services.
11. The program will be terminated when the pupil is able to return to school. As appropriate, a special program or modified schedule will be arranged to facilitate the transition back to the regular program.
12. A pupil may return to school with written approval of their physician. They must report to the school nurse with written authorization from their doctor.
13. When the pupil is readmitted to school, the school nurse will notify the Department of Special Services and principal.
14. For a student with disabilities, when home instruction exceeds thirty (30) consecutive school days in a school year, the I.E.P. team shall convene a meeting to review and if appropriate, revise the student's I.E.P.

Step by Step Procedure for Category II Home Instruction (Child Study Team Placement)

1. An IEP will be developed reflecting the rationale and describing the program to be implemented.
2. Prior written notification that the district intends to provide home instruction shall be provided to the Department of Education through its county office.
3. Notification shall be effective for a maximum of 60 calendar days at which time renewal of the notification may be made. Each renewal shall be for a maximum of 60 calendar days.
4. Instructors will be furnished with the weekly report and time forms on which they will report dates and times of instruction, progress, and any concerns or comments. The necessary weekly report and time forms will be provided by the Department of Special Services. The parent (or authorized adult over 21 years of age via parent written, signed and notarized consent) shall sign off on the time sheet to verify each home instruction session. The instructor should return all completed forms to the Department of Special Services. Instructor shall pick up educational materials necessary from the student's school counselor (secondary) or principal (elementary).
5. Category I, Step 7, 8 (a) (c) and (d) and 9, 10 shall apply to the home instruction program of pupils classified by the Child Study Team. Instruction shall be provided for no fewer than ten (10) hours per week and shall be accomplished in no fewer than three visits by a certified instructor on at least three separate days. An additional ten (10) hours of guided learning experience shall also be provided.

Step by Step Procedure for Category III Home Instruction (Suspension)

1. Home instruction due to five (5) or more days of consecutive suspension will begin on the fifth day. The building principal will complete the request for home instruction due to 5 or more days of consecutive suspension form and forward to the Director of Special Services and school counselor (if applicable) at time of removal.
2. For students who receive special education and/or related services, the principal shall forward written notification and a description of the reasons for such action to the case manager and to the parent(s) of students who receive special education and related services.
3. At the elementary and middle school levels, the Director of Special Services or designee, will coordinate arrangements for Board approved certified instructors; at the high school level, the Supervisor of Guidance will coordinate arrangements for Board approved certified instructors. Whenever possible, the same teachers who work with the child in the regular classroom will be used. If this is not possible, special efforts will be made to coordinate the activities of the home instruction staff with the regular staff.
4. For a student expected to be on home instruction for thirty (30) calendar days or more, the I.P.P. shall be developed within thirty (30) calendar days after placement. The school district shall develop an I.P.P. pursuant to N.J.A.C. 6A:16-10.2 for delivery of instruction, and maintain a record of delivery of instructional services and progress.
5. Upon acceptance of the assignment, the home instructor will:
 - a. Contact the parent of the student.
 - b. Make arrangements for an instructional schedule which shall not be less than ten (10) hours per week except when recommended otherwise by the child study team or school physician. The ten (10) hours shall be provided by a teacher on three separate days. An additional ten (10) hours of guided learning experiences shall also be provided.
 - c. Pick up educational materials necessary for the instruction from the principal (elementary) or Supervisor of Guidance (secondary). The teacher (elementary) and school counselor (secondary) will prepare a description of the student's program and home instructional needs in consultation with school nurse.
 - d. Maintain contact with the pupils' teacher who will assist in the instruction and completion of course requirements.
6. Instructors will be furnished with the weekly report and time forms on which they will report dates and times of instruction, progress, and any concerns or comments. The necessary evaluation and time forms will be provided by the Department of Special Services. The parent (or authorized adult age 21 years or over via parent written, signed and notarized consent) shall sign off on the time sheet to verify each home instruction session. The instructor should return all completed Forms to the Department of Special Services.
7. Category I, Step 9 shall apply.

PARENTS CAN HELP BY:

1. Making sure the physical environment is such that the maximum benefit will be gained from the instruction.
2. Notifying instructors **IN ADVANCE** if the child will be unable to receive instruction on a particular day.
3. Notifying the school nurse **PROMPTLY** of the child's ability to return to the regular school program.

It is the sincere hope of the Department of Special Services that each child will get the maximum benefit from the educational resources available in our community. We solicit the help and understanding of all those who must make the extra effort to provide for the child needing home instruction.

INSTRUCTORS WILL NOT BE PAID FOR SERVICES THAT DO NOT COMPLY WITH THE STUDENT'S INDIVIDUAL INSTRUCTIONAL PLAN.

A COPY OF THESE HOME INSTRUCTION PROCEDURES, THE HOME INSTRUCTION PLAN, AND GRADE REPORTING FORMS WILL BE GIVEN TO THE HOME INSTRUCTOR PRIOR TO ANY HOME INSTRUCTION.

QUESTIONS OR CLARIFICATIONS SHOULD BE ADDRESSED TO THE DEPARTMENT OF SPECIAL SERVICES, C/O CLAIRE WEBER (908-851-6478)

TOWNSHIP OF UNION PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES

HOME INSTRUCTION GUIDELINES FOR HOSPITALS

1. Children confined to a hospital by a physician because of illness or injury shall receive an appropriate educational program at their place of confinement. Notification to the Director of Special Services that such confinement is expected for a period of at least two weeks needs to be requested by the attending physician.
2. Application for Home Instruction is to be completed by the parents, nurse and attending physician before submission to the Township of Union Public Schools, Union, New Jersey 07083.
3. Home instructors from the hospitals must submit teaching credentials and proof of fingerprint/background checks to the Director of Special Services or designee for verification.
4. Students should receive a similar course of study as is provided by Union Public Schools. The agency which is providing home instruction should not change unilaterally a students' course because they cannot provide it. **EXAMPLE:** if a student is to take World History, the agency should not change this to American History for their convenience. Any change in a students' program should be cleared by the Director of Special Services and Supervisor of Guidance. If this procedure is not adhered to it could affect the students' graduation from school.

REPORTING HOURS OF HOME INSTRUCTION

1. Home instruction shall consist of a minimum five hours per week and an additional five hours of guided learning experience. These five hours provided to a student should be accomplished in no less than three daily visits by the home instructor. Students who receive special education and related services or receiving home instruction due to suspension receive 10 hours per week and an additional ten hours of guided learning experience.
2. Conference time of up to one hour with the students' teacher or counselor is allowed with pay at the beginning of students' instruction.
3. No instruction shall take place on a school holiday (See School Calendar) or when school is not in session, i.e., weekends.

4. Home instructor completes a Home Instruction weekly report for each student he/she works with.

MONTHLY BILL OF HOME INSTRUCTOR

1. Home instructor must submit a voucher to the Director of Special Services for payment.
2. Instructional hours of home instruction will be processed monthly.
3. Completed forms by the home instructors are to be forwarded to the Director of Special Services or designee for approval.

GRADE REPORT FORMS

1. Grade report forms are to be completed by home instructor for each student he/she works with, upon termination of each student and at the end of the marking period. This form should also be forwarded to the Department of Special Services, and school counselor, and the teacher (at the elementary level).
2. Final grade to be reported at the end of the year.

RESPONSIBILITIES OF HOME INSTRUCTOR

1. To communicate by telephone, in person, or in writing with the classroom teacher, school counselor, and/or Child Study Team regarding course outline.

MISCELLANEOUS

1. The school nurse should be notified of date student begins and ends home instruction.
2. Home instructors must have a regular teaching certificate and be approved by the Director of Special Services or designee (except at high school level, see Category I, Step 7).
3. Hourly wage for home instructor is set by the Board of Education.
4. Please contact the Department of Special Services (908) 851-6478 with questions or concerns.

**THIS LETTER SHOULD BE PRINTED ON YOUR "SCHOOL"
LETTERHEAD.**

APPLICATION FOR HOME INSTRUCTION

I. TO BE COMPLETED BY PARENT

Name of Student: _____ DOB _____ Sex _____ School _____

Name of Parent: _____ Phone _____ Grade _____

Home Address: _____

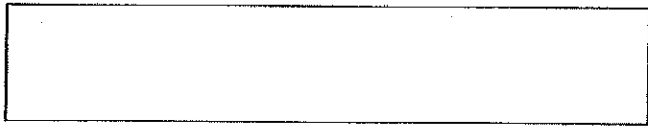
II. TO BE COMPLETED BY SCHOOL NURSE

Last date of attendance: _____

Current Instruction: Regular Education: _____ Special Education _____ Other _____

III. TO BE COMPLETED BY ATTENDING PHYSICIAN

Attending Physician: _____ Address: _____ Phone: _____



Physician's Stamp

Category of illness/disabling condition: Gen. Ortho. _____ Chronic Illness: _____ Other _____

Date of Examination of Attending Physician: _____

Diagnosis: _____

Why does this student require home instruction? _____

Treatment plan: _____

Statement of Physician:

- | | |
|--|-------------------------|
| 1. This student, in his/her present condition is physically capable of Profiting from instruction. | Please Circle
Yes No |
| 2. His/Her duration of absence will equal or exceed a two-week period | Yes No |

****Anticipated duration of home instruction _____ through _____**

- | | |
|--|--------|
| 3. A home instructor can work with the student without subjecting himself/herself to an unreasonable risk of contagion | Yes No |
|--|--------|

Attending Physician

Date

Please advise school nurse and Department of Special Services within (4) business days of your determination

III. TO BE COMPLETED BY SCHOOL PHYSICIAN

I have reviewed the report of the attending physician and (concur) _____ (do not concur) _____ with the determination that the pupil is eligible for home instruction. (Please initial)

School Physician

FOR NURSE'S OFFICE FILE ONLY

Date request rec'd by school nurse _____

TOWNSHIP OF UNION SCHOOLS
DEPARTMENT OF SPECIAL SERVICES

M-E-M-O-R-A-N-D-U-M

TO: Principal

FROM: Department of Special Services

DATE:

RE: Home Instruction

_____ has submitted medical documentation that he/she requires home instruction for approximately _____.

We have begun the process of assigning a home instructor who will be in touch with you for the student's assignments.

Thank you for your cooperation.

C: School Nurse

THIS LETTER SHOULD BE PRINTED ON YOUR "SCHOOL" LETTERHEAD.

Date: _____

Dear Parents/Guardians:

Student's Name _____ School _____ Grade _____

After review by the school's physician, your request for your child has been:

REQUEST FOR	APPROVED	NOT APPROVED
*Home Instruction – <i>Dates approved from</i> _____ <i>through</i> _____		
*If Home Instruction is to continue <i>beyond the approved dates</i> noted above, <i>you must provide</i> a new Home Instruction Request form from your physician.		
Comments: _____ _____ _____		

If your application has been approved, the Home Instructor will contact you. Home Instruction will begin within five business days.

Your child will be removed from the regular school register and placed on the Home Instruction register. Before your child may return to school, he/she must report to the School Nurse with the form below completed and signed by your physician.

If you have any concerns or questions, please contact me.

Sincerely,

School Nurse's Signature

Township of Union Public Schools

Date: _____ Student: _____ School: _____ Grade: _____

The above named student is ready to return to school.

Physician's Signature

Copy to:
 Director of Special Services
 Building Principal
 School Nurse

DEPARTMENT OF SPECIAL SERVICES
Township of Union Public Schools

M - E - M - O - R - A - N - D - U - M

TO: Parents of Home Instructed Children

FROM: Department of Special Services

RE: Home Instruction

DATE:

Please note the following procedures for home instruction:

1. At the end of every session, you are to sign a time sheet given to you by your home instructor. Please affix your signature verifying each home instruction session only if dates and times are filled in. The home instructor will sign this sheet, after you have signed.
2. A parent, or authorized adult 21 or over (Via your signed, written and notarized consent) must be present at all times, when the home instructor is with your child.

Please sign the bottom portion of this letter and return a copy to your child's home instructor.

If you have any questions, please feel free to contact my office at any time at (908) 851-6478.

Thank you for your attention to this matter.

Sincerely,

Kim Conti
Director of Special Services

I have received and read the above letter: _____
Parent Signature Date

UNION TOWNSHIP PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES

HOME INSTRUCTION GRADE REPORT

STUDENTS NAME: _____ SCHOOL: _____

CLASSROOM TEACHER: _____ SUBJECT: _____

HOME INSTRUCTOR: _____

ASSIGNMENTS GRADED (SPECIFY)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

REPORT CARD PERIODS – Grades should be completed jointly by home instructor and teacher. In cases where the home instructor has provided an entire marking period of instruction, the home instructor provides a grade.

ELEMENTARY AND MIDDLE SCHOOLS

1 MARKING PERIOD GRADE: _____ DATE: _____

2 MARKING PERIOD GRADE: _____ DATE: _____

3 MARKING PERIOD GRADE: _____ DATE: _____

4 MARKING PERIOD GRADE: _____ DATE: _____

FINAL REPORT CARD GRADE: _____

HIGH SCHOOL

Mid-Term Grade _____ DATE: _____

Final Grade _____ DATE: _____

HOME INSTRUCTOR: _____ Date: _____

NOTE: By the end of each marking period instructor is asked to turn in a grade (even if the grade is "incomplete")

Copy to: Guidance
Department of Special Services
Teacher

UNION TOWNSHIP PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES

HOME INSTRUCTION WEEKLY REPORT

This report should be submitted by 11 a.m. Friday for each week of an individual student's home instruction. This is not a payment voucher.

Name of Student: _____

Name of Instructor: _____

List days and times of instruction this week:

<u>Days</u>	<u>Time (i.e., 3 p.m. - 4 p.m.)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Statement of Student Progress:
Relevant Comments:

Projected Schedule/Plan for next week:

Have the student or family indicate that the student will return to school:
(Circle One) Yes No (What Date) _____

Home Instructor Signature: _____

Date: _____

TOWNSHIP OF UNION PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES

RECORD OF EMPLOYMENT – HOME INSTRUCTION

NAME: _____

ADDRESS: _____

PHONE: _____ TOTAL MONTHLY HOURS: _____

DATE	STUDENT	TIME STARTED	TIME ENDED	TOTAL HOURS	PARENT SIGNATURE	STUDENT SIGNATURE (if 18 yrs. or older)

Home Instructor Signature _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**THIS LETTER SHOULD BE PRINTED ON YOUR "SCHOOL"
LETTERHEAD.**

Dear Parent/Guardian:

Your child _____ a _____ student has been on home instruction since _____. In accordance with NJ State Law, any student that has been out of school or receiving home instruction for more than 60 days, must also be referred to the Child Study Team for review.

Therefore, this letter is to inform you that a case manager will be contacting you shortly to discuss your child's case.

Should you have any questions, please feel free to contact the Department of Special Services at 908-851-6478.

Sincerely,

School Nurse

C: Director of Special Services
Building Principal

REQUEST FOR HOME INSTRUCTION
DUE TO 5 OR MORE DAYS
OF CONSECUTIVE SUSPENSION
(ELEMENTARY/MIDDLE SCHOOL)

To: Kim Conti, Director of Special Services

From: Building Principal

Date: _____

Student: _____

Grade: _____

Student's School of Attendance: _____

Begin Date of Suspension: _____

End Date of Suspension: _____

Start Date of Home Instruction: _____

Home Instructor (s): _____

Assigned By: Director of Special Services or Designee:

Signature of Director of Special Services or Designee

Date

Signature of Principal

Date

C: School Counselor
Case Manager

REQUEST FOR HOME INSTRUCTION
DUE TO 5 OR MORE DAYS
OF CONSECUTIVE SUSPENSION
(HIGH SCHOOL)

To: Kim Conti, Director of Special Services

From: Building Principal

Date: _____

Student: _____

Grade: _____

Student's School of Attendance: _____

Begin Date of Suspension: _____

End Date of Suspension: _____

Start Date of Home Instruction: _____

Home Instructor (s): _____

Assigned By: Supervisor of Guidance

Signature of Supervisor of Guidance

Date

Signature of Principal

Date

C: School Counselor
Case Manager

Individualized Program Plan (IPP)

For a student without disabilities whose projected confinement will exceed 30 consecutive calendar days, the school district shall develop an Individualized Program Plan (IPP) for the student within no more than 30 calendar days from the date on which the school district receives the school physician's verification that the period of confinement would likely exceed this 30 consecutive calendar day threshold.

Student Name: _____ Date: _____

Address: _____ Phone: _____

School: _____ Grade: _____ DOB: _____ Age: _____

Instructor(s):

	<u>Printed Name</u>	<u>Subject</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

(The plan shall be based upon consultation with the student's parent and a multidisciplinary team of professionals with appropriate instructional and educational services credentials to assess the educational, behavioral, emotional, social and health needs of the student and recommend a program to address both educational and behavioral goals, including any prior findings recommended through the school building system of Intervention and Referral Services.)

Date of IPP Meeting: _____ IPP Implementation Dates: _____ Next IPP Review: _____ *

IPP Participants:

<u>Title</u>	<u>Printed name</u>	<u>Signature</u>	<u>Date</u>
Parent	_____	_____	_____
Parent	_____	_____	_____
Teacher	_____	_____	_____
Teacher	_____	_____	_____
Administrator	_____	_____	_____
School Counselor	_____	_____	_____
Other	_____	_____	_____

* This document will be reviewed no less than every 60 calendar days.

I. **SUMMARY OF PERFORMANCE** (Include information from I&RS, when applicable)

A. Educational Needs

Assignments:

Homework:

Projects:

Guided Learning Experiences:

B. Behavioral Needs

C. Emotional Needs

D. Social Needs

E. Health Needs

II. GOALS

III.	<u>RECOMMENDED PROGRAM</u>	<u>LOCATION</u>	<u>PROGRAM BEGINS</u>	<u>PROGRAM ENDS</u>

IV. SUPPORTS FOR TRANSITIONING TO GENERAL EDUCATION SETTING

V. **IMPLEMENTATION**

Length of Instruction:

_____ Hours Per Week

_____ Additional Hours Per Week

_____ Calendar Days

VI. **EVALUATIVE PROCEDURES**

(Statement of How Progress Toward Attainment of Goals will be Measured)

Parental Acknowledgment:

I have reviewed and participated in the development of this plan. I have received a copy of this Individualized Program Plan.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

INDIVIDUALIZED PROGRAM PLAN

Name: _____
Address: _____
Phone: _____
School: _____

Date/Birth: _____
Age: _____
Grade: _____

Date of IPP Meeting

IPP Implementation

Next IPP Review

IPP Participants:

	<u>Participant</u>	<u>Signature/Date Signed</u>
Parent/Guardian	_____	_____
Parent/Guardian	_____	_____
Teacher	_____	_____
Teacher	_____	_____
Administrator	_____	_____
Guidance Counselor	_____	_____