

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.
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) calendar days after eligibility has been established.**
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 educationally handicapped and in need of special education and/or 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 or more separate days. In no case shall an individual session exceed two hours. An additional fifteen (15) 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 direct 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 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 on the time sheet and 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. If this occurs, the student moves to supplementary education status with the Department of Special Services.
 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.

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. 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.
2. Prior written approval to provide home instruction shall be obtained from the Department of Education through its county office.
3. Approval may be obtained for a maximum of 60 calendar days at which time renewal of the request may be made. Each renewal of the approval may be granted 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 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/or related services.
3. At the elementary and middle school levels, the Director of Special Services or designee, 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 or more separate days. In no case shall an individual session exceed two hours. 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 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 INDIVIDUAL HOME INSTRUCTION PLAN, PARENT REQUEST, AND GRADE REPORTING FORMS WILL BE GIVEN TO THE HOME INSTRUCTOR PRIOR TO ANY HOME INSTRUCTION.

QUESTIONS OR CLARIFICATIONS SHOULD BE ADDRESSED TO THE OFFICE 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 attached) or when school is not in session, i.e., weekends.
4. Home instructor completes a form 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 Service and school counselor at the secondary level 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, 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.

TOWNSHIP OF UNION PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES
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: General 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:

Please Circle

1. This student, in his/her present condition is physically capable of Profiting from instruction. Yes No

2. His/Her duration of absence will equal or exceed a two-week period Yes No

**Anticipated duration of home instruction _____ (must be filled in)

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

Attending Physician

Date

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 _____

BUILDING LETTERHEAD

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

TO: Dr. Mullick

FROM: School Nurse

DATE:

RE: Home Instruction

Home instruction has been requested for _____. Please review the attached Application for Home Instruction. Please advise within four business days.

Thank You.

Approved: _____

Cc: Director of Special Services

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.

TOWNSHIP OF UNION PUBLIC SCHOOLS
BUILDING
SCHOOL NURSE

Date: _____

Dear Parents/Guardians:

Student's Name: _____ Grade: _____

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

Home Instruction: _____ Approved _____ Not Approved

If your application has been approved, the home instructor will contact you; home instruction will begin within five business days.

Comments: _____

If you have any concerns/questions, please contact me at

Sincerely,

School Nurse
Building

Cc: Kim Conti, Director of Special Services
Building Principal

TOWNSHIP OF UNION PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES

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 age 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 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: _____

UNION TOWNSHIP PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES

HOME INSTRUCTION GRADE REPORT

STUDENT'S 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 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: _____

BUILDING 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 this office at 908-851-6478.

Sincerely,

School Nurse

Cc: Director of Special Services
Building Principal

BUILDING LETTERHEAD

DATE: _____

Dear Parent/Guardian:

Your son/daughter _____ has been removed from the _____ regular school register and placed on the Home Instruction register. Before your son/daughter may be readmitted to homeroom or class, he/she must report to the school nurse with the form below completed and signed by your physician.

Sincerely,

School Nurse

TOWNSHIP OF UNION PUBLIC SCHOOLS

DATE: _____

Student: _____

Grade: _____

School: _____

Teacher: _____

The above named student is ready to return to school.

Physician's Signature

Cc: Kim Conti, 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

Cc: 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

Cc: 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.

Dates: From _____ To _____

60 day review Date: _____

Student Name: _____ Date: _____

School: _____ Grade: _____

Instructor(s):

Printed name

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.)

Multidisciplinary team:

	Title	Printed name	Signature	Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Educational Goal(s):

Subjects: (check lines)

Math__ English __ Language Arts/Reading__
Science__ Social Studies__ Health__

Assignments:

Homework:

Projects:

Progress will be measured by:

Guided Learning Experiences: (may include technology)

Behavioral Goal(s):

Educational Program Placement

Transition: (Supports for transition back to the general education setting)

Prior findings and actions recommended by Intervention & Referral Services (I&RS)

(This document will be reviewed no less than every 60 calendar days)