

**HOME/HOSPITAL
INSTRUCTION PROGRAM
2017-2018
Registration Packet**

Peninsula School District
14015 62nd Avenue NW
Gig Harbor, WA 98332

CONTACTS AND TELEPHONE NUMBERS

For questions about eligibility, contact with health care provider, extension of service, or any other program concern, call: **Miriam Atchison, RN, 530-1023**

For questions about assignment of tutor, schedule of tutor, mileage reimbursement for tutor, or fee schedule for tutor, call: **Kirsten Gallacher, Student Services, 530-1080**

For concern related to gathering teaching materials and coordination between classroom teacher and tutor, call: **Designated Building Contact.**

HOME/HOSPITAL INSTRUCTION PROGRAM REGISTRATION PACKET CONTENTS

- HOME HOSPITAL DESCRIPTION AND WAC
- PENINSULA SCHOOL DISTRICT GUIDELINES
- DIRECTIONS FOR PARENT
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- REQUEST FOR HOME/HOSPITAL INSTRUCTION FORM
- DIRECTIONS FOR BUILDING STAFF
- REGISTRATION CHECKLIST

HOME/HOSPITAL INSTRUCTION PROGRAM DESCRIPTION

The Peninsula School District offers tutoring to eligible students through the Home/Hospital Instruction Program. The guidelines for the program are provided by the Office of Superintendent of Public Instruction (OSPI) and are based on Washington State law.

WAC 392-172A-02100 Home/hospital instruction

Home or hospital instruction shall be provided to students eligible for special education and other students who are unable to attend school for an estimated period of four weeks or more because of physical disability or illness. As conditions to such services, the parent of a student shall request the services and provide a written statement to the school district from a qualified medical practitioner that states the student will not be able to attend school for an estimated period of at least four weeks. A student who is not determined eligible for special education, but who qualifies pursuant to this subsection shall be deemed “disabled” only for the purpose of home/hospital instructional services and funding and may not otherwise qualify as a special education student for the purposes of generating state or federal special education funds. A school district shall not pay the cost of the statement from a qualified medical practitioner for the purpose of qualifying a student for home/hospital instructional services pursuant to this section.

Home/hospital instructional services funded in accordance with the provisions of this section shall not be used for the initial or ongoing delivery of services to students eligible for special education. It shall be limited to services necessary to provide temporary intervention as a result of a physical disability or illness.

[Statutory Authority: RCW [28A.155.090\(7\)](#) and 42 U.S.C. 1400 et. Seq. 07-14-078, § 392-172A-02100, filed 6/29/07, effective 7/30/07.]

- Home/Hospital tutoring is provided to a student who is temporarily unable to attend school because of a physical disability or an illness and who will be absent a minimum of four weeks but not more than 18 weeks. It is designed for the student who is temporarily disabled or ill and may not be used to tutor a student who is staying at home with an infant (other than for the approved time for childbirth) or a sick relative.
- Tutoring is provided at home or in a hospital up to a maximum of 18 weeks. The weeks of absences may be consecutive or intermittent but the total may not exceed 18 weeks. If a student attends a partial day, it is considered a full day of attendance and additional tutoring may not occur on that day.
- Tutoring is not provided during school holidays or vacations unless the student is enrolled in a district summer school program.
- Home/Hospital tutoring cannot begin for a student if less than four weeks of school remain.
- To be eligible for Home/Hospital tutoring, the student must be enrolled in the Peninsula School District or must be a private school student receiving ancillary services in the district (part-time enrolled student).
- The parent shall request the services at the student’s school and will be given the form titled **REQUEST FOR HOME/HOSPITAL INSTRUCTION**. The parent shall complete Section 1, have a qualified medical practitioner (M.D., D.O., D.M.D., D.C., N.D, P.A., A.R.N.P., or licensed mental health therapist) complete Section 2, and return the form to the student’s school. This completed form meets the requirement for a written statement from a qualified medical practitioner indicating that the student is unable to attend school due to physical disability or illness for at least four weeks.
- If it is estimated a student will be absent more than 18 weeks, the student should be considered for other homebound services under Section 504 or IDEA.



John Yellowlees, Executive Director of Student Services
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HOME/HOSPITAL INSTRUCTION PROGRAM GENERAL GUIDELINES

- ✓ The law requires that the parent of a student request Home/Hospital services. All school staff should be aware of the program and share the information with the parent when it is recognized that the student will be absent at least four weeks or more due to a temporary physical disability or illness. An example of a temporary physical disability is a student with a fractured femur requiring a partial body cast for eight weeks. **Note: The student does not have to be absent for four weeks before tutoring can begin. The statement from the medical practitioner indicating the estimated absence of at least four weeks establishes eligibility for Home/Hospital instructional services.**
- ✓ After the parent requests services from school staff, this registration packet is reviewed and completed by parent and staff. The parent takes the **REQUEST FOR HOME/HOSPITAL INSTRUCTION** form to the medical practitioner and returns the completed form to the Designated Building Contact.
- ✓ The Designated Building Contact secures all required signatures from building staff on **REQUEST FOR HOME/HOSPITAL INSTRUCTION** form and reviews it for completion before forwarding to Student Services. **Note: Do not delay this step. Arranging for tutoring services cannot be initiated until this form is received in Student Services.** The goal for Student Services staff is to establish tutoring services within five business days after receipt of the completed form.
- ✓ Student Services staff will review the completed **REQUEST FOR HOME/HOSPITAL INSTRUCTION** form and obtain approval signatures. To arrange for an appropriate tutor, Student Services staff may send a request to the student's home school staff, or a tutor may be selected from a list of eligible staff members that have expressed an interest in tutoring. Once a tutor has accepted the assignment, the tutor will call the parent to set a schedule and call the Designated Building Contact to meet and gather instructional materials and assignments.
- ✓ The tutor confers with the Designated Building Contact for direction in teaching the student at home or in the hospital. The tutor contacts Student Services staff for assistance with timesheets, mileage reimbursement, and other bookkeeping tasks. Home/Hospital tutors are paid by timesheet and are reimbursed for mileage.
- ✓ Peninsula School District Home/Hospital tutoring includes direct student contact with minimal planning time. Tutoring may continue when a student is able to resume intermittent attendance provided the 18-week limit has not been exceeded, but tutoring may not occur on the same day a student attends school even if it is only for part of a day.

**HOME/HOSPITAL INSTRUCTION PROGRAM
DIRECTIONS FOR PARENT**

STEPS TO SECURE TUTORING

1. You have received this packet because you have already taken the first step and requested services for your child from his/her home school.
2. Please take the time now and complete the following STUDENT INFORMATION.

STUDENT INFORMATION PLEASE PRINT		
Student: _____ <small>(Last, First, Middle)</small>	Birthdate: _____	Gender: <u> M </u> <u> F </u>
School: _____	Grade: _____	
Designated Building Contact: _____	Phone: _____	
Teacher(s)/Subject: _____	_____	

Parent/Guardian: _____	Phone: _____	
	Cell: _____	

3. The Designated Building Contact will copy this page to include with the school records.
4. Please complete (1) the STUDENT INFORMATION on the **MEDICAL PRACTITIONER LETTER** and (2) SECTION 1 on the **REQUEST FOR HOME/HOSPITAL INSTRUCTION**.
5. Take the **MEDICAL PRACTITIONER LETTER** and **REQUEST FOR HOME/HOSPITAL INSTRUCTION** form to your student’s health care provider for completion of SECTION 2 and then return the completed form to the Designated Building Contact. If the health care provider will be faxing the completed form, be sure you have written the correct building fax number on the cover letter.

Remember: Services cannot be initiated until the school receives the completed REQUEST FOR HOME/HOSPITAL INSTRUCTION form.

6. After the **REQUEST FOR HOME/HOSPITAL INSTRUCTION** form is completed by the health care provider, submitted to the school, and received in Student Services at the district office, it will take approximately five business days to secure and assign a tutor. Expect a call from the tutor to arrange a convenient schedule.

Note: Tutoring is not provided during school vacations and holidays.



John Yellowlees, Executive Director of Student Services

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MEDICAL PRACTITIONER MEMO

Date: _____

STUDENT INFORMATION		
PLEASE PRINT		
Student: _____ (Last, First, Middle)	Birthdate: _____	Gender: <u>M</u> <u>F</u>
School: _____	Grade: _____	

To: Medical Practitioner

From: Miriam Atchison, RN
Home/Hospital Coordinator

Please see the enclosed **REQUEST FOR HOME/HOSPITAL INSTRUCTION** form for the above referenced patient. The parent/guardian is asking you to complete SECTION 2 and return to the student's school so he/she can qualify for home tutoring due to a temporary physical disability or illness.

A student who is unable to attend school for a **minimum of four weeks and a maximum of 18 cumulative weeks** due to a physical disability or illness is eligible for the Home/Hospital Instruction Program. Arrangement for services cannot begin until the school receives the enclosed statement from you.

Please complete Section 2 of the enclosed form at your earliest convenience and return to the parent or fax to the student's school at _____.

Thank you.

REQUEST FOR HOME/HOSPITAL INSTRUCTION

SECTION 1 – THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN

STUDENT NAME: (Last, First, Middle) Please Print		
BIRTHDATE	GENDER (Circle One) Male Female	STUDENT GRADE LEVEL

SCHOOL NAME	
DESIGNATED BUILDING CONTACT	TELEPHONE NUMBER

SECTION 2 – THIS SECTION TO BE COMPLETED BY QUALIFIED MEDICAL PRACTITIONER

DIAGNOSIS:

- Disease/Injury/Surgery (primary diagnosis): _____
- Drug/Alcohol Treatment
- Pregnancy
- Other* (describe) _____

I certify that this student is unable to attend public school for _____ weeks.

TYPE/PRINT NAME OF QUALIFIED MEDICAL PRACTITIONER

SIGNATURE

DATE:

BUSINESS ADDRESS
TELEPHONE NUMBER

SECTION 3 – THIS SECTION FOR BUILDING USE

Principal Signature

Designated Building Contact Signature

Counselor Signature

Building School Nurse Signature

SECTION 4 – THIS SECTION FOR SCHOOL DISTRICT USE

Is this student enrolled in a special education program? Yes No Student Number _____

CHECK ONE:

- Original
- Extension beyond original request
- Extension beyond 18 weeks

Beginning date of instructional time or extension:

MO	DAY	YEAR
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NOTE: Beginning date on extension request must consecutively follow ending date of original request.

Home/Hospital Coordinator Date

School District Authorization Date

Contact Telephone Number

HOME/HOSPITAL INSTRUCTION PROGRAM REGISTRATION CHECKLIST

STUDENT INFORMATION PLEASE PRINT		
Student: _____ <small>(Last, First, Middle)</small>	Birthdate: _____	Gender: <u> M </u> <u> F </u>
School: _____	Grade: _____	
Designated Building Contact: _____	Phone: _____	

DATE STUDENT RETURNS TO SCHOOL: _____
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- Date Home/Hospital service is requested: _____

- Date registration packet started: _____

- Date completed SECTION 2 (Medical Practitioner) of **REQUEST FOR HOME/HOSPITAL INSTRUCTION** form received by Designated Building Contact:
Medical Contact: _____ Phone: _____

- Date completed SECTIONS 1 – 3 of **REQUEST FOR HOME/HOSPITAL INSTRUCTION** form faxed or ponied to Student Services: _____

- Date Student Services confirms receipt of application materials: _____

- Date Student Services approves request and begins tutor assignment process: _____

- Date tutor calls Designated Building Contact: _____
Name of tutor: _____ Phone: _____

- Date Designated Building Contact coordinates tutor/teacher(s) consult: _____

- Date tutor calls parent to arrange convenient schedule: _____

- Date tutoring begins: _____

- Date student returns to school full time and tutoring ends: _____

- Date grade(s) recorded by teacher(s): _____

- Date Student Services notified of student's return to school: _____