

Pennsbury School District

Acknowledgement of Homebound Instruction Procedure

The Pennsbury School District's Approved Procedure, Index No. 117.1, entitled Homebound Instruction states the following:

DEFINITION: Homebound students are those students enrolled in the district's schools who due to medical reasons are unable to attend classes for an extended length of time.

PROCEDURE: Homebound instruction may be applied for by a student if they will be missing at least 10 consecutive school days due to a medical or emotional illness. For medical illness the homebound forms may be completed by a physician. For emotional or mental illness the homebound form must be completed by a licensed psychiatrist or psychologist. Homebound forms must be renewed every three months. Blanket notes and notes longer than three months will not be accepted.

Homebound instruction will only be provided at a location within the boundaries of the Pennsbury School District. Instruction could take place in a school or public library with approval of the Director of Student Services.

Students will not be allowed to participate in extra-curricular activities while receiving homebound instruction.

Students receiving homebound instruction will not be permitted to work during school hours.

Students who miss a scheduled appointment and fail to notify the tutor will forfeit the scheduled hours of instruction.

The Pennsbury School District is not required by law to provide homebound instruction in gifted or advanced placement courses.

Homebound instruction will not be included in a student's 504 Educational Plan or a Special Education Plan without consulting with the Director of Student Services. All necessary state criteria must be met before placing this option in the child's educational plan.

We hereby acknowledge that we have reviewed and understand the content of this procedure.

Student Name (Please Print)

Student Signature

Date

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

INSTRUCTIONS FOR COMPLETING
HOMEBOUND PAPERWORK

STEP 1 – PHYSICIAN’S STATEMENT

The physician’s statement needs to be completed and signed by a *medical doctor (MD, DO)* for medical reasons or a *licensed psychiatrist or psychologist* for emotional reasons (anxiety, depression, school phobia, etc.) A clinical social worker, chiropractor, nurse practitioner, or medical assistant is not acceptable.

The parent/guardian must complete the Name of Child, Date of Birth, Address, and Parent or Guardian portion of the form. The physician must complete the remainder of the form beginning with the diagnosis portion. All questions must be completed (including the approximate length of time the child will be on homebound section. The physician must indicate the student will be on homebound for at least 10 consecutive school days for Homebound Instruction to be considered). The physician must print and sign his/her name upon completing the form. The physician’s statement **must be updated every 90 days**.

*****Please Note:** Pregnancy is not an acceptable diagnosis for homebound instruction unless the physician states that this is a complication which will endanger the unborn child or the mother-to-be. This complication must be noted on the physician statement.

STEP 2-PARENTAL REQUEST

The parent request must be completed by the student’s parent or guardian. All areas on the form must be completed. Also, please include a daytime phone number for the parent/guardian should any questions arise.

When all forms are completed, please return them to the Student Services Department. The Student Services Department will send a letter to the parent/guardian if not approved. Homebound Instructors are scheduled by the Student Services Department.

PLEASE NOTE: Students receiving homebound instruction will not be allowed to participate in extra-curricular activities while receiving homebound instruction. This would include Sports Nite, Prom, Band, Athletics, Drama, etc.

I have read the above instructions/statements and understand the Homebound Instruction process.

Parent/Guardian Signature

Physician’s Signature

PARENTAL REQUEST FOR
HOMEBOUND INSTRUCTION

TO: _____ (Child's School)

Pennsbury School District
Fallsington, Pennsylvania 19054

I hereby apply for homebound instruction for my son/daughter

Child's Name _____ Birthdate _____ Grade _____

Who is now unable, because of physical and/or emotional disabilities, to attend school, and will not be able to return for at least 10 school days.

Attached find the doctor's recommendations concerning the child's teaching.
For students placed on long-term homebound instruction, the Physician Forms must be updated every 90 days.

This form has been completed and signed by an MD or DO for physical diagnosis,
or licensed psychiatrist or psychologist for emotional diagnosis.

Parent/Guardian Signature

Address

Phone Number (for Tutor to Call)

Director of Student Services Signature

PHYSICIAN'S STATEMENT
REGARDING THE HOMEBOUND CHILD

Name of Child: _____ Date of Birth: _____

Address: _____

Name of Parent/Guardian:

***I find the above named child to have the following disability:*

Diagnosis: _____

Description of Disability: _____

What disability keeps child from classes: _____

Is child physically unable to attend regular public school? ___Yes ___No

Is child physically able to attend a homebound instructional program? ___Yes ___No

Maximum hours of instruction per week: ___ 5 hours for elementary students
(Please check one) ___ 8 hours for secondary students
___ Recommended other:

Special Instructions: _____

** Approximate length of time child will be on homebound (MUST BE A MINIMUM OF 10
SCHOOL DAYS BUT NO MORE THAN 90 DAYS): _____

Physician's Name: _____ Date _____
___MD ___ DO ___ Psychiatrist ___ Psychologist

Street Address City State Phone Number

In cases of mental or emotional illness, this Physician's Statement must be signed by a licensed psychiatrist or psychologist.

The Physician's Statement must be received by Pennsbury with the original MD, DO, psychiatrist or psychologist's signature.

The Physician's Statement must indicate that the child will be out of school for at least 10 school days or homebound cannot be provided.

NOTE: Unless complicated medically, pregnancy is not approved for homebound instruction.

Physician's Signature: _____

Pennsbury School District
Parent Procedural Safeguards Notice

Section 504 of the Rehabilitation Act of 1973
Chapter 15 of the Regulations of the Pennsylvania State Board of Education

Dear Parent/Guardian:

Parents of school-age children who have or are thought to have disabilities as defined in section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794, and the Americans with Disabilities Act, 42 U.S.C. §12102 have the procedural rights in the Commonwealth of Pennsylvania.

Request for Assistance from the Pennsylvania Department of Education

- (a) *Parental request for assistance.* Parents may file a written request for assistance with the Pennsylvania Department of Education, Bureau of Special Education, Division of Compliance Monitoring and Planning, 333 Market Street, 7th Floor, Harrisburg, PA 17126-0333, (800) 879-2301, if one or both of the following apply:
- (1) The school district is not providing the adaptations, modifications, related aids, and services specified in the student's service agreement; or
 - (2) The school district has failed to comply with the procedures applicable to the identification and evaluation of, development and revision of a service agreement for, or change in the educational placement of a child with or thought to have a disability, as those procedures are described in Chapter 15 of the regulations of the Pennsylvania State Board of Education, 22 Pa. Code Ch. 15 (<http://www.pacode.com/secure/data/022/chapter15/chap15toc.html>)
- (b) *Resolution of parental request.* The Department will investigate and respond to requests for assistance, and, unless exceptional circumstances exist, will, within 60 calendar days of receipt of the request, sent to the parents and school district a written response to the request. The response to the parents' request shall be in the parents' native language or mode of communication.

Informal Conference

At any time, parents may file a written request with the school district for an informal conference with respect to the identification or evaluation of a student, or the student's need for related aid, service, or accommodation. Within ten (10) school days of receipt of the request, the school district shall convene an informal conference. At the conference, every effort shall be made to reach an amicable agreement.

Formal Due Process Hearing

If the matters raised by the school district or parents are not resolved at the informal conference, the district or parents may submit a request for a hearing. Hearing request forms are available from the Office for Dispute Resolution at <http://odr.pattan.net/dueprocess/RequestForms.aspx> or at (800) 879-2301. The hearing shall be held before an impartial hearing officer and shall be governed by the following procedures:

- (a) The hearing for a school aged child with a disability or thought to be a child with a disability shall be held in the school district at a place and time reasonably convenient to parents and child involved.
- (b) The hearing shall be an oral, personal hearing and shall be closed to the public, unless the parents request an open hearing. IF the hearing is open, the decision issued in the case, and only the decision, shall be available to the public. If the hearing is closed, the decision shall be treated as a record of the student and may not be available to the public.

- (c) The decision of the hearing officer shall include findings of fact, discussion and conclusions of law. Although technical rules of evidence will not be followed, the decision shall be based solely upon the substantial evidence presented at the hearing.
- (d) The hearing officer shall have the authority to order that additional evidence be presented.
- (e) A written, or at the option of parents, electronic verbatim record of the hearing shall, upon request, be made and provided to parents at no cost.
- (f) Parents may be represented by legal counsel and accompanied and advised by individuals with special knowledge or training with respect to the problems of children with disabilities.
- (g) A parent or a parent's representative shall be given access to all educational records, including any tests or reports upon which the proposed action is based.
- (h) A party may prohibit the introduction of any evidence at the hearing that has not been disclosed to that party at least five (5) days before the hearing.
- (i) A party has the right to compel the attendance of and question witnesses who may have evidence upon which the proposed action might be based.
- (j) A party has the right to present evidences and testimony, including expert medical, psychological, or educational testimony.
- (k) A party to the hearing has the right to obtain written, or at the option of the parents, electronic findings of fact and decision.
- (l) The decision of the hearing officer regarding a child with, or thought to have, a disability may be appealed to a court of competent jurisdiction. In notifying the parties of the decision, the hearing officer shall indicate the courts to which an appeal may be taken.
- (m) If, within sixty (60) calendar days of the completion of the administrative due process proceedings under this chapter, an appeal or original jurisdiction action is filed in State or Federal Court, the administrative order shall be stayed pending the completion of the judicial proceedings, unless the parents and school district agree otherwise.

Maintenance of Service Agreement

The school district will not modify or terminate your child's current service agreement, if any, without your written consent, pending completion of any of the procedures outlined above that you chose to initiate.

Additional Rights and Protections

- (a) You have the right to inspect and review all relevant school records and to meet with appropriate school officials to discuss the issues associated with evaluating or accommodating your child.
- (b) You must agree to the identification of your child as a child with a disability and, if adaptations, modifications, services, or related aids are required for your child during school hours or at school-related activities or events, you must execute a service agreement before the school district can provide such supports.

If you have any questions concerning the foregoing procedural rights, contact Laurie Ruffing, Interim Director of Student Services at (215) 428-4100, ext. 10019 or email lruffing@pennsburyisd.org.