**HI1**

**WASHINGTON TOWNSHIP PUBLIC SCHOOLS**

# PARENT GUIDELINES FOR HOME INSTRUCTION – *MEDICAL*

Dear Parent:

When Home Instruction (HI) is requested by a parent, please follow these procedures:

1. Parent – Contact the School Nurse to obtain and complete the following forms:
   * **HI1: PARENT GUIDELINES FOR HOME INSTRUCTION**
   * **HI2: HOME INSTRUCTION LETTER TO STUDENT’S PHYSICIAN**
   * **HI3: HOME INSTRUCTION STUDENT’S PHYSICIAN VERIFICATION**

Home Instruction Parent forms are found on the District Website > Parents > Health Services Forms.

1. Parent – Return **HI3** to the School Nurse. The Washington Township School District Physician may contact your student’s physician (must be licensed MD or DO) to secure additional information concerning your child’s diagnosis or need for treatment and shall either verify the need for home instruction or shall provide to the district board of education reasons for denial.
2. School Nurse – If approved, the form will be forwarded to your child’s assigned school counselor who will contact you regarding a home instruction plan.
3. Home Instruction Guidelines:

* Student – Must be available for home instruction during the scheduled dates and times. Failure to meet with the home instructor could result in poor grades and/or a discontinuation of the home instruction services. If a cancellation is necessary, inform the home instructor 24 hours in advance.
* Parent or an adult (designated by the parent) – Must be home when the teacher is present. The home instructor will not enter a home if an adult is not present.
* Parent – Must report problems or issues with home instruction immediately to the school counselor.
* Parent – Must sign the Payroll Voucher – Home Instruction Form Payroll to confirm that home instruction took place.
* School District – May change the home instruction venue should it be determined that the health or safety conditions in the home make the home instructor visits inadvisable.

1. School Counselor – Upon termination of home instruction, will email the parent, teachers, home instructors, counseling secretary, building administrator, school attendance secretary, school nurse, transportation, and CST case manager (if applicable).

Every effort will be made to maintain continuity in the course of study for each class or subject area taught. In developing a student’s home instruction plan, consideration is given to:

* Physician’s orders.
* Health of the student.
* The New Jersey Student Learning Standards.
* Ability to replicate a course in the home environment (e.g., AP, Honors, lab sciences, some science, and some world language courses).
  + These courses not only have rigorous requirements, but many include an external exam as well. Many courses in the science and elective areas offer activities that may only be completed using the equipment and/or facilities available on campus. These activities cannot be duplicated away from campus. If your child will be absent for an extended period (more than 6 weeks), please speak with your child’s school counselor to discuss what classes would be more appropriate while on the Home Instruction Program.
* Courses necessary for the student to maintain their academic status.
* The course of study for a special education student will be consistent with the instructional objectives of the IEP and shall meet the New Jersey Student Learning Standards.

Sincerely,

*WTPS School Nurse*

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| **School Nurse** | **School** | **Telephone** | **Fax** |
| Michelle Westenberger | Bells Elementary | 856-589-8441 | 856-589-6607 |
| Barrie Weidner | Birches Elementary | 856-232-1290 | 856-232-7963 |
| MaryKate Fanslau | Grenloch Terrace Early Childhood Center | 856-227-1303 | 856-227-8207 |
| Anne-Marie Gilbert | Hurffville Elementary | 856-589-7459 | 856-589-6909 |
| Janae Wilsman | Thomas Jefferson Elementary | 856-589-8248 | 856-589-6919 |
| Katie Dobias | Wedgwood Elementary | 856-227-8110 | 856-227-8163 |
| Jennifer Simpson | Whitman Elementary | 856-227-1103 | 856-227-0965 |
| Barbara Keane | Bunker Hill Middle School | 856-881-7007 | 856-881-5414 |
| Victoria Staub | Chestnut Ridge Middle School | 856-582-3535 | 856-582-4952 |
| Michelina Tenuto | Orchard Valley Middle School | 856-582-5353 | 856-589-6196 |
| Heather Scarduzio | Washington Township High School 9-10 | 856-589-8500 | 856-218-0324 |
| Kathleen Luckiewicz | Washington Township High School 11-12 | 856-589-8500 | 856-256-9149 |

**HI2 WASHINGTON TOWNSHIP PUBLIC SCHOOLS** 

# HOME INSTRUCTION LETTER TO STUDENT’S PHYSICIAN

Dear Physician:

Pursuant to the New Jersey School Code, home instruction is available for students who are medically unable to comply with compulsory attendance regardless of any accommodation provided by the district. Home Instruction is a service that addresses a short-term or chronic medical condition or a need for treatment, at the conclusion of which the student is expected to return to school. Please be advised that the School District’s Physician, Dr. David Koerner, may contact you for additional information.

Please complete the attached **HOME INSTRUCTION STUDENT’S PHYSICIAN VERIFICATION (HI3)**. This form must be completed by the student’s physician (licensed MD or DO).

Thank you.

Sincerely,

*WTPS School Nurse*

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| **School Nurse** | **School** | **Telephone** | **Fax** |
| Michelle Westenberger | Bells Elementary | 856-589-8441 | 856-589-6607 |
| Barrie Weidner | Birches Elementary | 856-232-1290 | 856-232-7963 |
| MaryKate Fanslau | Grenloch Terrace Early Childhood Center | 856-227-1303 | 856-227-8207 |
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| **HI3** C:\Users\amiller\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\2AVSS3FY\WT Logo NEW.jpg  **WASHINGTON TOWNSHIP PUBLIC SCHOOLS** HOME INSTRUCTION STUDENT’S PHYSICIAN VERIFICATION | | | |
| Student Name: | | Date: | DOB: |
| School: | Grade: | Counselor: | |
| General Education Student \_\_\_\_\_  \_\_\_\_\_504 \_\_\_\_\_ I&RS | Special Education Student \_\_\_\_\_\_ | | |
| **Physician Information:** **The section below must be completed by the licensed physician providing care to the student for the condition for which home instruction is requested.** | | | |
| Date(s) of Examination: | Diagnosis: | | |
| Is the student confined to the home and unable to participate in the normal activities expected during school attendance? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_  Please provide medical facts in support: | | | |
| Could this student attend school if accommodations are provided? Yes\_\_\_\_\_ No\_\_\_\_\_\_  Please explain: | | | |
| Student Symptoms: | | | |
| Explain treatment, dates of treatment and/or ongoing therapy that is being provided (In cases of emotional disorders, please attach treatment plan).  If condition is chronic, please describe diagnosis, treatment, symptoms, expected duration of chronic condition and efforts to have student attend school on a regular and consistent basis. | | | |
| Prognosis:  **Exact Date of Return to School:** | | | |
| Original Physician Signature | ***Place physician stamp here or provide attached letterhead identifying full name and address of medical practice:*** | | |
| Indicate Area of Licensed Specialty:  MD \_\_\_\_  DO \_\_\_\_  Psychiatrist \_\_\_\_  Neurologist \_\_\_\_  Other \_\_\_\_\_ |