

Home or Hospital Instruction

Upon request from a parent or an adult student, home or hospital instruction will be provided to students who are unable to attend school for an estimated period of 4 weeks or more because of disability or illness. A written statement from a qualified medical practitioner verifying that the student will not be able to attend school for an estimated period of four weeks or more will accompany the request. The district will not pay for any costs incurred in securing the medical verification.

Cross Reference:	Board Policy 2161 2162	Special Education and Related Services for Eligible Students Education of Students with Disabilities Under Section 504 of the Rehabilitation Act of 1973
Legal References:	RCW 28A.155 WAC 392-122-145 WAC 392-172A-02100	Special Education State Special Education Program — Home and/or Hospital Care — Extended absences Home/Hospital Instruction

Home or Hospital Instruction

Request

The procedures for instituting home/hospital instruction are as follows:

- A. Parent completes application form for home/hospital instruction.
- B. The district office and family physician complete the SPI E-310 form.
- C. Home/hospital instruction will begin when the family physician signs form SPI E-310.

Role of Instructor

The function of the home/hospital instructor is to provide instructional assistance and serve as a liaison between the student and the school in the following manner:

- A. Elementary (emphasizes reading, math and language skills)
 1. Contact school principal.
 2. Contact classroom teacher initially and on a weekly basis.
 3. Obtain current academic standing.
 4. Obtain books, materials and assignments from the homeroom teacher.
 5. Keep parents/guardians informed as to the progress of the student.
 6. Provide a statement to the student's home school for the cumulative record regarding the grades earned by the student while on home/ hospital instruction. Grading shall be the responsibility of the classroom teacher. This statement is due immediately upon termination of the home/hospital instruction.
- B. Middle/Senior High (receives instruction in required subjects)
 1. Contact school counselor and have counselor set up initial meeting with home/hospital instructor and classroom teacher.
 2. Obtain current academic standing.
 3. Contact each classroom teacher on a weekly basis and arrange for books, materials and assignments; also include a class schedule, class outlines, etc., of what the student needs to fulfill credit requirements for quarter, semester and year.
 4. Provide a statement to the student's home school for the cumulative record regarding the grades earned by the student while on home/ hospital instruction. Grading shall be the responsibility of the classroom teacher. This statement is due immediately upon termination of home/hospital instruction.

If the student is unable to complete regular classroom assignments, the home/ hospital instructor will work with the regular classroom teacher to modify or develop alternative classroom assignments to meet required course work.

Instructor Communication

The instructor will:

- A. Contact parents and arrange home/hospital instruction schedule.
- B. Discuss with the parent any conditions surrounding the student's disability or educational development that may have a bearing on the program.
- C. Discuss the need for a supervising adult to be in the home during the teacher's visit.
- D. Discuss the need for an appropriate learning environment.
 1. Other youngsters and/or adults should remain out of the room while the lesson is in progress.
 2. The student should be awake, properly dressed and ready for lessons at the appropriate time.

3. Adequate study time should be scheduled each day, taking into account the physical limitations of the student.

E. Evaluate the students' work and make a report to the student's home school.

Termination of Home/Hospital Instruction

Instruction will be terminated if the qualified medical practitioner determines the advisability of the student returning to school.

Extension of the original instruction period must be requested by the parent or guardian, and verified by the attending qualified medical practitioner.

The home/hospital instructor will contact the payroll office when the student returns to school.

Instructor Reimbursement Procedures

- A. The week before payroll cut-off date, the payroll office will contact home/hospital instructor advising of the payroll cut-off date for that particular month.
- B. When the time sheets and mileage sheets are received by the payroll office, the amounts will be computed and submitted for payment.



Washougal School District Department of Special Education 4855 Evergreen Way Washougal, WA 98671	CHECK ONE: <input type="checkbox"/> Original Request <input type="checkbox"/> Extension <small>NOTE: Beginning date on extension request must consecutively follow ending date of original request.</small>
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STUDENT INFORMATION

Student Name: (last, first, middle initial) PLEASE PRINT		School:	Grade Level:
Student's Parent/Guardian's Name:	Telephone Number:	Enrolled in Special Education? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I authorize release of information to Washougal School District concerning this condition. **X** _____

SECTION 1: TO BE COMPLETED BY QUALIFIED MEDICAL PRACTITIONER (OR LETTER ATTACHED)

DIAGNOSIS:

Disease/Injury (specify primary diagnosis) _____

Pregnancy (give due date) _____

Postpartum (give delivery date) _____

Other (specify) _____

I certify that this student is physically unable to attend school because of his/her own medical condition for _____ weeks starting _____.

I certify that this student is physically unable to attend school because of her pregnancy starting and continuing for _____ weeks postpartum due to her own medical condition. *

I certify that this student is physically unable to attend school for _____ weeks postpartum due to her own medical condition. *

*School or tutor must call with delivery date. If delivery or recovery is complicated and more recovery time is needed, submit an extension for longer service.

Name of Qualified Medical Practitioner:	Number:	Business Address:
Signature:	Date:	

SECTION 2: TO BE COMPLETED BY STUDENT'S SCHOOL

Tutor's Name:	Number:	School Contact:	Position:
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SECTION 3: TO BE COMPLETED BY AUTHORIZING OFFICE

Reviewed by: <input type="checkbox"/> In lieu of Section 1, Valid Letter from Medical Practitioner Attached	Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Start Date: # of Weeks:
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