



HOMEBOUND INSTRUCTION OVERVIEW

Dear Parent/ Guardian,

Please be aware of the following timeline and requirements while your child is awaiting placement on homebound instruction or transitioning to a truncated day.

All packets are provided via our Nurse and the date is catalogued, please note that the student’s homebound instruction does not begin until it has been approved by District administration. Receipt of this packet does not guarantee home instruction will be approved. The Patchogue-Medford school district reserves the right to contact your medical professional.

- a. During the period you receive this packet and until approval is granted it is expected that your child makes every attempt to come to school as placements can take as long as 10 business days to put in place. Exceptions are made at the discretion of the district in consultation with the child’s physician.
- b. The district does not begin to organize home instruction until the packet is submitted with proof from a medical professional that the child was seen within 10 days of receipt of this packet.
- c. Home instruction cannot typically does not begin until 10 absences has been recorded, however the district retains the right to begin home instruction backdated to include those dates if the packet is executed within those 10 days.
- d. Once this form has been submitted it can take up to 10 business days to gain approval and establish the tutors. If after 10 business days you have not received confirmation, please contact the students current instructional building

Elementary School Principal	See District Website
Oregon Guidance Department	(631) 687-6820
Saxton Guidance Department	(631) 687-6720
South Ocean Department	(631) 687-6620
Patchogue Medford High School Department	(631) 687-6530

- e. Students on Home instruction still must honor the Patchogue-Medford School Districts Attendance Policy in the student handbook. A student who misses more than 3 sessions of home instruction without medical documentation can receive a failing grade for the quarter as 1 session is equal to almost a week of school.

When submitting this application please keep this page as a reference and for contact information.

Thank You,

Michael Zanfardino
Director of Guidance and Home Instruction

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APPLICATION FOR HOMEBOUND INSTRUCTION

Homebound instructional service is intended for school-age children of the Patchogue-Medford School District who are unable to attend school because of physical, mental, emotional illness, injury or disciplinary problems.

Extension and/or Truncated Day Only –

Is this for an Extension? * Yes or No (please check one)

* Please note extensions could result in changes to a schedule based on the ability to provide instruction while on extended homebound instruction.

Truncated day means that a student is taking classes at school when possible and instruction is completed at home or at the library. My child is on a truncated day Yes or No (please check one)

Will the child be absent from school more than ten (10) consecutive school days?

Yes or No (please check one)

Directions:

The following serves as a means to ensure that all the required information is obtained so that a decision can be rendered. Please check the reason under one of the three categories (Medical, Special Education or Suspension) listed below and then provide the information requested on the pages associated with the reason. All information should be written in ink. A decision regarding Homebound Instruction is made only on the basis of a completed application.

1. Medical

It is the parent/guardian's responsibility to see that all required pages are completed in their entirety. Return completed application to your child's school nurse.

- A. Social and/or emotional concern related to attending school
 - Page 4 – Child and Parent/Guardian Information
 - Page 5 – Treatment Plan for Social/Emotional Concern (Additional information may be required)
 - Page 6 – Patient Information/Medical provider
- B. Injury/Physical
 - Page 4 – Child and Parent/Guardian Information
 - Page 5 – Instructional Plan
 - Page 6 – Patient Information/Medical provider
- C. Illness
 - Page 4 – Child and Parent/Guardian Information
 - Page 5 – Instructional Plan
 - Page 6 – Patient Information
- D. Covid-19
 - Page 4 – Child and Parent/Guardian Information
 - Page 5 – Instructional Plan
 - Page 6 – Patient Information

2. Special Education

- CSE – Committee on Special Education
 - Page 4 – Child and Parent/Guardian Information
 - Page 5 – Instructional Plan
 - Page 7 – School Personnel

3. Disciplinary

- A. OSS – Out-of-School Suspension
 - Page 4 – Child and Parent/Guardian Information
 - Page 5 – Instructional Plan
 - Page 7 – School Personnel (Section C)
- B. Superintendent Suspension
 - Page 4 – Child and Parent/Guardian Information
 - Page 5 – Instructional Plan
 - Page 7 – School Personnel

Child & Parent/Guardian Information Form

Parent/Guardian Information

Name

First: _____

Middle: _____

Last: _____

Contact Information:

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Preferred Number to be contacted on:

(check one) Home Work Cell

Please sign the Statement of Consent below. Your signature is necessary in the event additional information is required from your child's health care provider to approve the request for Homebound Instruction.

Statement of Consent by Parent or Guardian

I consent to the release of information, pursuant to HIPPA regulations, from my child's Health Care Provider(s) to School Personnel who are *directly* involved in my child's educational welfare such as: school nurse, social worker, guidance counselor, administrator, and psychologist.

Signature of Parent or Guardian_____
Date



Alternatives to Home Bound Instruction offered by Patchogue Medford

The following is a list (with a brief description of services/accommodations/modifications from least to most intensive) that can be provided for a student. Please select the one(s) that are most appropriate for the student at the present time.

- Hall/Bus Pass – provides for additional time for student to get to and from classes or to the bus
- Comfort Pass – allows student to seek comfort/support from class on as needed basis – to speak with nurse, guidance, psychologist or other support personnel
- Peer buddy
- Reduced academic expectations
 - Reduced workload
 - Modified assignments
 - Alternative Pathway to Graduation
- Extended Day/Evening Program
 - Instruction in core subjects
 - Differentiated instruction
 - Monday – Thursday, 3 PM – 7 PM
- Truncated day
 - Late start
 - Early dismissal
 - Parent provided transportation
- On-line Learning Home Instruction
 - Self-paced program
 - Taught by On-Line teacher/tutor in real time
 - Intended for self-motivated student
- Home Instruction (In-person Instruction)
 - Weekdays
 - 5 hours/week - elementary
 - 10 hours/week – secondary

TREATMENT PLAN FOR SOCIAL AND/OR EMOTIONAL CONDITION (Must be completed by licensed health care provider)			
Patient Name		DOB	
		Examination Date	
Diagnosis and description of Problem/Symptom			
Long Term Goal(s)			
Short-term Objectives (behavioral benchmarks): See list below	Date Established	Projected Completion Date	Date Achieved
COORDINATION OF SERVICES			
Please describe how you will coordinate with school personnel and any other health care provider.			



PATIENT INFORMATION

PHYSICIAN'S STATEMENT OF INCAPACITATING CONDITIONS

(Must be completed by licensed Medical Doctor or Doctor of Osteopathy)

How long have you been seeing the patient for the diagnosis listed? _____

Is someone in the home Immunocompromised? Check one YES NO

Please summarize test and all other data collected that supports that supports the need for Home/Hospital Instruction at this time

What ancillary services are involved in treatment? _____

List consultants/specialists to whom this student has been referred

Name	Specialty	Phone

Will you be following the patient? (Yes, No) If not, who will?

Name _____

Phone _____

Address _____

Treatment Plan: (please briefly describe what the plan is to have the child return to school): _____

Physical restrictions and/or limitations caused by this condition that affects the child's ability to attend school (please describe):

List all prescribed medications: _____

Has the parent or guardian been advised of any further medical examination or treatment that may be needed by another health care provider? (Check one) YES NO

If yes, please indicate to whom the patient has been referred and for what reason: _____

If there is a social and/or emotional concern related to attending school, please complete page five (5).

Recommended period for homebound instruction. Typical recommendations **do not exceed eight (8) weeks.** *

** Please Refer to Page 5 for additional choices for instruction in place of Home Instruction*

*During a declared pandemic immune compromised homebound instruction recommendations can be Semester Based (Sept.-January) or (Feb. – June)

Start date: _____ End date: _____

PHYSICIAN INFORMATION

Physician Name (please print): _____

Physician Signature (original): _____

Office Address: _____

Office Phone Number: _____

Office Hours/Days: _____

Date: _____

PHYSICIAN STAMP

License No. _____



SCHOOL DISTRICT PERSONNEL

School Nurse – Section A

Empty space for School Nurse input.

School Principal – Section B

Empty space for School Principal input.

School Guidance Counselor – Section C

As the school guidance counselor, I reviewed the student’s academic record and recommend the following courses. Any comments, recommendations, or additional information I have so noted in the space below.

Comments/Recommendations/Information:

Two horizontal lines for comments.

Courses

Three columns of horizontal lines for course names.

Should the PPS or Guidance Director contact you for further information (please check one)? Yes or No

Signature of Guidance Counselor: _____ Date: _____



<div style="text-align: center;">_____</div> <div style="text-align: right;">_____</div> <div style="text-align: left;">_____</div>

Director of Pupil Personnel (if applicable): _____ **Date:** _____

Notes/comments:

If Category 1 (Medical), Section A (Social/Emotional Concern) is checked, please send ENTIRELY COMPLETED application to the Director of Pupil Personnel, otherwise send to the Director of Guidance.

Final Approved (Extension) Dates: Start date: _____ End date: _____

Director of Guidance Signature: _____ **Date:** _____