HOME/HOSPITAL INSTRUCTION PROGRAM
2015-2016
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: Miram 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

• MEDICAL PRACTITIONER MEMO

• REQUEST FOR HOME/HOSPITAL INSTRUCTION FORM

• DIRECTIONS FOR BUILDING STAFF

• REGISTRATION CHECKLIST
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.

- Home/Hospital tutoring is provided to a student who is temporarily unable to attend school because of a physical disability or 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.

- 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.
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 the established list. 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.
STEMS 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.

<table>
<thead>
<tr>
<th>STUDENT INFORMATION</th>
</tr>
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<tbody>
<tr>
<td>PLEASE PRINT</td>
</tr>
<tr>
<td>Student: _______________________ Birthdate: ___________ Gender: M  F</td>
</tr>
<tr>
<td>(Last, First, Middle)</td>
</tr>
<tr>
<td>School: ____________________________ Grade: ___________</td>
</tr>
<tr>
<td>Designated Building Contact: ____________________________ Phone: ___________</td>
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<tr>
<td>Teacher(s)/Subject: ____________________________ ____________________________</td>
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<tr>
<td>________________________________________ ____________________________</td>
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<td>________________________________________ ____________________________</td>
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<tr>
<td>Parent/Guardian: ____________________________ Phone: _____________________</td>
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<td>_________________________________________</td>
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<tr>
<td>Cell: _________________</td>
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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 intitated 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.
MEDICAL PRACTITIONER MEMO

Date: ________________________

STUDENT INFORMATION

PLEASE PRINT

Student: ________________________  Birthdate: ____________  Gender: M  F

(First, First, Middle)

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.

7/15
Peninsula School District

REQUEST FOR
HOME/HOSPITAL INSTRUCTION

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

<table>
<thead>
<tr>
<th>STUDENT NAME:</th>
<th>(Last, First, Middle)</th>
<th>Please Print</th>
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<tbody>
<tr>
<td>BIRTHDATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GENDER</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>(Circle One)</td>
<td></td>
<td></td>
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<tr>
<td>STUDENT GRADE LEVEL</td>
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<tr>
<th>SCHOOL NAME</th>
<th>DESIGNATED BUILDING CONTACT</th>
<th>TELEPHONE NUMBER</th>
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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.

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<thead>
<tr>
<th>TYPE/PRINT NAME OF QUALIFIED MEDICAL PRACTITIONER</th>
<th>BUSINESS ADDRESS</th>
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<th>SIGNATURE</th>
<th>DATE:</th>
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<th>TELEPHONE NUMBER</th>
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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

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 ____________________________

9/14