**WILSON AREA SCHOOL DISTRICT**

**SECTION: INSTRUCTION**

**TITLE: HOMEBOUND INSTRUCTION**

<table>
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<tr>
<th>1. Purpose</th>
<th>The purpose of homebound instruction is to provide students, who are unable to attend educational programming outside the home and meet the prescribed criteria, with instructional services during a temporary period of absence from school so those students have the opportunity to re-engage successfully in their instructional program upon return to school.</th>
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<td>2. Authority</td>
<td>The Board shall provide, pursuant to law and regulations, homebound instruction to students confined to home or hospital for physical disability, illness, injury, urgent reasons, or when confinement is recommended for psychological or psychiatric reasons.</td>
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<td>S.C. 1329 Title 22 Sec. 11.25</td>
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<td>3. Delegation of Responsibility</td>
<td>Applications for homebound instruction shall certify the nature of the illness, injury and/or disability, shall be recommended by the Superintendent, and shall include:</td>
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<td>1. A written request by the student’s parent(s)/guardian(s).</td>
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<td>2. A written, signed request for homebound instruction from the student’s licensed physician, or licensed psychiatrist certifying the nature of the illness or disability, the necessity of homebound instruction and the expected duration of confinement, which results in the need for such instruction.</td>
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<td>3. Signed approval by the respective school principal and, if appropriate, other applicable supervisors.</td>
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<td>The Superintendent or designee shall develop procedures to safeguard the privacy of each child placed on homebound instruction.</td>
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<td>The Board delegates to the Superintendent or designee the right to withhold homebound instruction when the instructor’s presence in the place of the student’s confinement presents a hazard to the health and/or safety of the instructor, when a parent or other adult in authority is not at home with the student during the hours of instruction, and/or when the condition of the student is such as to preclude his/her benefit from such instruction.</td>
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<td>Title 22 Sec. 11.25</td>
<td>The period of homebound instruction for an individual shall not exceed six (6) calendar weeks.</td>
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<td>The School District may provide homebound instruction for a total of three (3) months without consulting or notifying the Pennsylvania</td>
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Department of Education (PDE). Following the initial three (3) months, the District must request an extension from PDE in order to continue to allow a student to be excused from school attendance and to provide homebound instruction for a longer period of time. PDE requires that a licensed practitioner submit to the School District an updated examination and extension request within two (2) weeks of the impending extension.

**Eligibility**

A homebound excuse for homebound instruction is a “temporary excusal from school for urgent medical or other reasons,” made pursuant to School Code Section 13-1329 and Pennsylvania Code Title 22 Section 11.25.

To be eligible for homebound instruction, the School District requires that the District-enrolled student meet the following criteria:

1. The student must be projected to be confined/absent from schooling, as per the submittal of appropriate documentation, for a minimum of ten (10) consecutive school days, unless extenuating circumstances warrant otherwise.

2. Applications for homebound instruction must include a copy of a request for such services by the licensed physician or certified psychiatrist who is/are treating the student, certifying the nature of the illness or disability and the probable duration of the confinement.

The Board and/or Superintendent may approve exceptions as deemed advisable and in the best interests of the student and/or School District.

The parent(s)/guardian(s) shall petition the building principal for homebound instruction using the appropriate form.

The program of homebound instruction provided to each student shall be in accordance with the standards established by the state.

A homebound instruction teacher (homebound instructor) shall be governed by the same certification regulations as all other teachers. When regularly employed professional staff cannot be assigned to homebound instruction, persons on the substitute roster holding appropriate certification may be used. In addition, when no certified person is available, an Emergency Permit may be issued to qualify a person to teach homebound students.

Parents/Guardians and students are advised that the granting and continuance of homebound instruction are subject to the following conditions:

1. Requests from a chiropractor or physical therapist will not be honored. Students who are physically unable to attend school
must secure the signature of a medical doctor or doctor of osteopathy. Students who are mentally ill (depression, anxiety, phobia, etc.) must secure a signature of a psychiatrist. A psychologist or medical doctor’s signature will not be sufficient for mental illness.

2. Homebound instruction will be approved for a maximum of six (6) calendar weeks, at which time another request must be submitted in order for homebound to be extended. A second request during a school year will be considered a request for continuance of homebound instruction. Upon submission for a continuance, parent and student must meet with the school team to discuss plans for transition back to school. The building principal may approve continuance of homebound instruction for a maximum of three (3) calendar weeks. A student who requires homebound instruction beyond the initial request and (3) weeks continuance of homebound instruction, would be required to enroll in the District’s Cyber School Option. The Superintendent may approve exceptions, as deemed advisable and in the best interest of the student and/or the District. If the student is denied any further homebound instruction, s/he will become subject to mandatory school attendance regulations.

3. Students on homebound may not also work at a job and may not be involved in other activities outside the home. The premise of homebound is that students are unable to come to school, and therefore should be unable to go to work, or leave their home for any length of time.

4. A student on homebound for over four (4) weeks may be disenrolled from CIT. Therefore, no homebound services for CIT courses will be provided. The only exception might be a senior, whose credits from CIT are required for graduation.

5. Any breach of the conditions set forth in this policy, in part or in whole, may result in the withdrawal of approval of homebound instruction.

Pregnancy or being a parent does not, in itself, necessitate that a student receives homebound instruction. A pregnant or parenting student may, however, receive homebound instruction if there are complications during and/or after the pregnancy and/or the delivery that are certified by a licensed physician as jeopardizing the health of the mother and/or child if she were required to attend school.

Program
All students approved for homebound instruction must be available for instruction on a daily basis or as otherwise outlined in the application or as subsequently modified. In the event any student is absent or not available, it will be the duty of the homebound instructor to report such
absence along with the reason, if known, to the respective building principal. It will then be the duty of the building principal to proceed in accordance with child attendance laws.

The homebound assignments and the homebound instructor assigned shall be at the School District’s choice and discretion.

Students, on an as-needed basis, shall receive one (1) hour of homebound instruction time for each day of absence. The program of homebound instruction provided each student shall normally not exceed five (5) hours per week. In cases of extreme exceptionality, the Board reserves the right to modify the five (5) hour limit.

Each hour of homebound instruction provided is generally to be supported on one (1) to three (3) hours of independent study by the student, depending on grade level.

The following guidelines regarding the provision of the homebound instruction program are to be followed:

1. All homebound students are responsible for the completion of academic work as assigned by the instructor on a weekly basis, with the amount of homebound instruction provided to be determined taking into consideration the needs, physical and mental health of the student, and appropriate laws and regulations.

2. The homebound student must make reasonable effort to keep current with assignments and schoolwork in a timely fashion. The homebound instructor will administer appropriate tests and quizzes.

3. A lack of independent work on the part of the student and/or a lack of completion of assignments may result in the loss of credit or failure of the course and/or grade in the area(s) of assignment(s).

4. If due to the nature of course content, it is not possible for the homebound instructor to deliver or teach the course components, the student may be required to reschedule such a course(s) during the next available semester.

5. The parent(s)/guardian(s) will be required to provide the student and homebound instructor with an educational learning environment within the home conducive to conducting the assigned coursework.

Students who are receiving homebound instruction, through the District’s Cyber School Option, are required to adhere to the programs academic attendance requirements, unless an exception was deemed appropriate because of the student’s medical condition.
A student on homebound instruction will not be permitted to visit School District property, except for educational purposes as previously approved in writing by the building principal.

References:

School Code – 24 P.S. Sec. 1329
State Board of Education Regulations – 22 PA Code Sec. 11.25
Wilson Area School District
Application for Homebound Instruction

INITIAL REQUEST

I hereby apply for special instruction for the following student who is now unable to attend school, due to a medical condition.

Student’s Name: _________________________  Student’s D.O.B.: __________

Present Grade: __________  School: ______________________________

Physician’s Statement

I find the above-named student to have the following medical condition:

Diagnosis: _____________________________________________________________

Description of how the medical condition prohibits student from attending school:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Prognosis: ___________________________________________________________________________

1. Student is medically capable of attending the regular public school.  
   ____ Yes  ____ No

2. Student is medically capable of participating in a homebound instructional program.  
   ____ Yes  ____ No

Approximate length of time student will be homebound: ____________ weeks (not to exceed 6 calendar weeks from date of physician’s signature)

___________________________________________________________________________  ____________  ____________

Physician’s Name (printed)  Physician’s Signature  Date

___________________________________________________________________________

Physician’s Address  Physician’s Telephone Number
Parent/Guardian

I realize that this homebound instruction is only temporary in nature. **Additionally, I agree to meet with the school team to discuss my child’s transition back to school.**

__________________________________________     ___________________________________
Parent/Guardian Signature                  Home Street Address

__________________________________________
Home Telephone Number                  City, State, Zip

**Recommendation of the Principal**

____ I recommend _____________________________ for homebound instruction.

Student’s Name

__________________________________________
Date                  Principal’s Signature

__________________________________________
School

**Approved:**

__________________________________________     ______________________
Superintendent of Schools                  Date
Office

Instruction (except when otherwise specified) shall not exceed five (5) hours per week at a rate of $________ per hour.

Instructor hired: ______________________________________

Full Name

___________________________________________

Street address

___________________________________________

City, State, Zip

___________________________________________

Telephone Number

Homebound Instruction began on: __________________________

Date

Original: Payroll Clerk/Administrative Office

cc: Guidance Dept./Student File

Child Accounting/Administrative Office

September-2014
Wilson Area School District
Application for Continuance of Homebound Instruction

I hereby apply for continuance of special instruction for the following student who continues to be unable to attend school, due to a medical condition.

Student’s Name: _________________________ Student’s D.O.B.: __________
Present Grade: __________ School: ______________________________

Physician’s Statement
I find the above-named student to have the following medical condition:

Diagnosis: _____________________________________________________________

Description of how the medical condition prohibits student from attending school:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Prognosis: _____________________________________________________________

1. Student is medically capable of attending the regular public school
   ____ Yes ____ No

2. Student is medically capable of participating in a homebound instructional program
   ____ Yes ____ No

Approximate length of time student will be homebound: ____________ weeks (not to exceed three (3) calendar weeks from date of physician’s signature)

Physician’s Name (printed) ________________________ Physician’s Signature ________________________ Date ____________

Physician’s Address ___________________________ Physician’s Telephone Number ___________________________
Parent/Guardian

I realize that homebound instruction is only temporary in nature. I understand that I will need to procure a new statement from the physician when requesting a second continuance of homebound instruction. Additionally, I agree to meet with the school team to discuss my child’s transition back to school. **If a continuance is approved, I understand my child will be required to enroll in the District’s Cyber Option and must adhere to the program’s academic attendance requirements.**

Parent/Guardian Signature     Home Street Address

Home Telephone Number     City, State, Zip

**Recommendation of the Principal**

I recommend ___________________________ for continuance homebound instruction.  
Student’s Name

Date     Principal’s Signature

School

**Approved:**  
Superintendent of Schools     Date
Office

Instruction (except when otherwise specified) shall not exceed five (5) hours per week at a rate of $__________ per hour.

Instructor hired: __________________________________________________________________________

Full Name

_________________________________________________________________

Street address

_________________________________________________________________

City, State, Zip

_________________________________________________________________

Telephone Number

Homebound Instruction began on: _________________________

Date

Original: Payroll Clerk/Administrative Office

cc: Guidance Dept./Student File
Child Accounting/Administrative Office

September-2014