

INSTRUCTION

Administrative Procedure – Home and Hospital Instruction

1. Acute Cases. Short-term home services consist of appropriate special education services which are provided by the public school to a student enrolled in that district, in his/her home. These services are provided to any student who, in the opinion of a licensed medical physician, will be absent from school and confined to home for more than two consecutive weeks or on a recurring basis, causing the student to miss substantial portions of his/her educational programs.
 - 1.1 Acute (short term). Short term is operationally defined as up to six months of home service without returning to school.
 - 1.2 Amount of service. The correct amount of short term service to the student shall be the minimum five hours per week beyond which a full case study will be required.
 - 1.21 An individual teacher or other qualified staff assigned full-time duties other than home instruction is restricted to no more than ten hours of home instruction assignment in addition to his/her regular assignment.
 - 1.22 An individual teacher whose primary job assignment is home instruction may be assigned up to five hours of home assignments per day, regardless of the number of students. The job title for this assignment has been designated "Home Instructor."
 - 1.3 Recruitment of teachers. It shall be the policy of the District to recruit teaching staff in a specified manner as given below. This policy applies to short term (acute cases) home instruction only.
 - 1.31 The Principal/Designee will offer first opportunity to the assigned classroom teacher(s). If the assigned teacher(s) does not wish to assume the duty, the following order of recruiting staff will be applied.
 - 1.311 Grades K - 5. The Principal may first designate another teacher of the same grade level and building, which does not have to be based on seniority. If the designated teacher at the same level and building does not accept the assignment, then any other qualified teacher in the building will be designated based on seniority. The District will not knowingly ask CPE's to perform work that would increase their creditable earnings beyond 6% over the CPE's previous year's creditable earnings.
 - 1.312 Grades 6 -12. The Principal may first designate another teacher of the same subject and building, which does not have to be based on seniority. If the designated teacher of the same subject and

building does not accept the assignment, then any other qualified teacher in the building will be designated based on seniority. The District will not knowingly ask CPE's to perform work that would increase their creditable earnings beyond 6% over the CPE's previous year's creditable earnings.

- 1.313 No building volunteers. If the teacher(s) cannot be recruited at the building where the student is enrolled, the Principal must notify the Special Education Office. The Superintendent or designee will then recruit from among the substitutes, volunteers from other buildings, or full-time home instructors.
 - 1.314 Exception. Exception to the recruiting sequence described in the previous three paragraphs will be employed when a home instructor(s) is available for assignment(s). If the assigned teacher(s) does not wish to assume the duty, and the Principal/Designee has received notification from the Special Education Office indicating the availability of the home instructor service, then subsequent steps must be deferred. In this instance, the Principal/Designee should communicate directly to the Special Education Office whether the assigned teacher will assume the home instruction.
2. Chronic Cases. Long-term home services consist of appropriate public special education services which are provided by the public school to a student, enrolled in that district, in his or her home. These services are provided to a student who, as a result of a multi-disciplinary case study (MDCS), requires educational placement in the home for an extended period(s) of time causing the student to miss substantial portions of his/her educational program. The method for implementing the case study is given under the policies and procedures available to identify, evaluate, and place any special education student. Thus, the service is, in effect, a special education placement operated in accordance with the Illinois Administrative Code, Chapter I, Section 226.115.
- 2.1 Chronic (long term). Long term is operationally defined as greater than six months of consecutive home or hospital service, or both. Students may be entered into this type of service from the acute, short term type of service, or they may enter into long term service without having experienced the short term procedure. Acute service procedures do not necessarily precede chronic, full case study procedures. The method of determining eligibility depends upon the nature of the child's problem and the amount of information available at the time of referral. When the student is suspected of having a chronic condition, that is, needing services beyond six months, interim intervention, or contracting a chronic infectious disease, he/she must be referred for a full case study to determine eligibility and appropriate service.
 - 2.2 Chronic infectious disease. As indicated in a guide (draft) published jointly by the Illinois State Board of Education and the Illinois Department of Public Health, September, 1986, certain disorders are classified as chronic infections: (a) Herpes Simplex, (b) Cytomegalovirus (CMV), (c) Acquired Immune Deficiency Syndrome (AIDS), (d) Hepatitis B Carriers, and (e) Congenital Rubella Syndrome. Conditions and/or

significant behaviors associated with one or more of these pathologies may warrant home or hospital instruction as an appropriate educational placement.

- 2.3 Interim special education services. When appropriate placement is not available to a student in need of that placement, services are allowed on an interim basis with parental/guardian consent. Occasionally, the only practical interim service is home instruction. For example, if a student cannot function in the school setting and at the same time cannot access an appropriate setting, i.e., a private placement, then the student may be provided interim home instruction until an appropriate placement can be secured.
- 2.4 Other appropriate special educational placement. In rare, yet inevitable, instances students may be so impaired that home or hospital service may be deemed the least restrictive alternative as allowed by the Illinois Administrative Code, Chapter I, Section 226.115.
3. Parent Responsibilities. Exceptions to the following may be necessary in certain cases. These exceptions, however, will apply only when servicing chronically impaired students with exceptions specified in the student's Individual Education Program (I.E.P.).
 - 3.1 Secure medical certificate completed by a physician.
 - 3.2 Maintain a responsible adult in the house during the stay of the home instructor.
 - 3.3 Cooperate in preparing effective study conditions for instruction.
 - 3.5 Notify the instructor if any changes in scheduling occur. This notice is to be made in advance to the extent possible.
 - 3.6 Cooperate with instructor regarding the student's educational program.
 - 3.7 Secure a physician's note, if extended services are necessary.
 - 3.8 Secure a release from home instruction prior to the return to school and deliver it to the school upon re-entry.
4. Teacher Responsibilities (Assigned Home Teachers). Exceptions to the following may be necessary in certain cases. These exceptions, however, will apply only when servicing chronically impaired students with exceptions specified in the student's Individual Educational program (I.E.P.).
 - 4.1 Contact parent/guardian and arrange a mutually agreed upon time for the student's instruction.
 - 4.2 Communicate with regular teacher(s) and complete the appropriate portion of the I.E.P.: "Name of Teacher," "Date Beginning," "Date Ending," "Total Hours Provided,"

"Educational Goals," "Instructional Objectives." At secondary level (7-12), communicate first with the student's counselor.

- 4.3 Make a concerted effort to duplicate the student's in-school program as much as possible, or, to teach in those areas deemed appropriate given the limitations of the student's medical problems.
 - 4.4 Report attendance to principal according to his/her specification.
 - 4.5 Maintain and deliver payroll form ("Homebound Teacher's Report of Payroll Information") to Superintendent's designee according to specified procedures.
 - 4.6 Communicate with parents/guardians about any aspect of the home program.
 - 4.7 Notify the parent/guardian and the Principal if unable to make the agreed upon time for home instruction. This notification should be made in advance to the extent possible.
 - 4.8 Arrange make-up sessions on mutually agreeable basis (between parent and teacher[s]) keeping in mind that other teachers' schedules may impact the make-up time.
 - 4.9 Contact the Special Education office for assistance if any difficulties occur which affect the students' success in the home program, or clearly violate adopted policy; i.e., parents/guardians not fulfilling their responsibilities.
 - 4.10 If scheduling requires a deviation from the normal procedure (one hour per day, 5 days per week except for kindergarten and pre-school) the teacher should obtain approval and advisement from the Special Education Office. Kindergarten and pre-school students should be scheduled at one-half time relative to other levels. These schedules should include 2-1/2 hours per week, or 2 hours and 3 hours during alternating weeks. With Principal approval and mutual agreement with parents, the teacher may exercise flexibility regarding the scheduled days of the half-time students' day(s) so long as the days are regular school days, not holidays.
 - 4.11 Complete the grading and reporting form and send to the Superintendent's designee.
5. Principal (Grades 1- 5)Counselor(Grades 6-12) Responsibilities.
- 5.1 Coordinate the completion of the Home/Hospital I.E.P. with home and in-school personnel.
 - 5.2 Complete appropriate portions of Page 2: "Student's Name," and "D.O.B.," "Subjects Enrolled," and "Level of Education."
 - 5.3 Assist the home teacher in obtaining instructional materials.

- 5.4 Assist in communication process between home and school.
- 5.5 Assist the home teacher in developing appropriate goals and objectives.
- 5.6 Coordinate the execution of all building level procedures, e.g., instructing parents about procedures and responsibilities, sending letters to parents, assisting students upon re-entry, grade and credit recording, attendance, etc.

HOSPITAL INSTRUCTION

The term, "hospital," may be substituted for the term, "home," relative to several policies: (a) definitions, (b) differentiation between acute and chronic cases, and (c) amount of service. As with home confinement, the purpose of hospitalization for a period of more than two weeks or on a frequently recurring basis is to regain health. Thus, education is subordinate to that major purpose (Home or Hospital Services, State Board of Education, Department of Specialized Educational Services).

Hospital instruction policy differs from Home Instruction policy as applied to recruitment of teachers, parent responsibilities, and personnel responsibilities.

1. **Staff Recruitment.** Teacher recruitment is the responsibility of the Superintendent's designee. Typically, these teachers are selected from among existing hospital staff or from among substitute teachers outside the District's regular employ. Teachers are recruited and selected according to procedures established by the Superintendent's designee. Assigned teachers will be contacted when appropriate.
2. **Parent Responsibilities.** The principal will send a letter to the parents/guardians outlining their responsibilities which include the following:
 - 2.1 Secure medical certificate completed by physician.
 - 2.2 Retrieve textbooks and/or other instructional materials from the principal or counselor.
 - 2.3 Insure that the hospital instructor receives the appropriate materials.
 - 2.4 Make necessary communications between school and hospital.
 - 2.5 Notify instructor if any changes in scheduling occur.
 - 2.6 Cooperate with the instructor regarding the student's program.
 - 2.7 Secure a physician's note if extended services are necessary.
 - 2.8 Secure a release from hospital instruction prior to the return to school and deliver it to the school upon re-entry.

3. Teacher Responsibilities (Assigned Hospital Teachers)

"Date

- 3.1 Complete appropriate portion of Hospital/Home I.E.P. - Page 2: "Name of Teacher," "Beginning," "Date ending," "Total Hours Provided," "Educational Goals," and "Instructional Objectives."
- 3.2 Provide copy of teaching certificate to the Superintendent's designee and follow other contractual employment procedures established by the District; i.e., time and effort forms, billing, contract signature when applicable, etc.
- 3.3 Communicate with student's Principal (Grades 1-5) or Counselor (Grades 6-12).
- 3.4 Make concerted effort to duplicate the student's in-school program as much as possible, or, teach in those areas deemed appropriate given the limitations of the student's medical problems.
- 3.5 Complete grading and reporting form and send to the Superintendent's designee.

4. Principal (Grade K- 5)Counselor Responsibilities (Grades 6-12).

- 4.1 Coordinate the completion of Home/Hospital I.E.P., Page 2, with hospital and school personnel.
- 4.2 Complete appropriate portions of Page 2: "Student Name," "D.O.B., "Subjects Enrolled," and "Level of Function."
- 4.3 Assist the parent/guardian in obtaining instructional materials.
- 4.4 Assist the parent/guardian in communicating between hospital and school.
- 4.5 Assist the hospital teacher in developing appropriate goals and objectives.
- 4.6 Coordinate the education of all building level procedures, e.g., instructing parents about procedures and responsibilities, sending letters to parents, assisting students upon re-entry, grade and credit recording, attendance, etc.

Instruction Calendar

Instructional times shall be scheduled only on days when school is regularly in session (Illinois Administrative Code, Chapter I, 226.370). When a student, for health-related reasons, requires additional work to complete the preceding year's educational program, he/she may be provided with home or hospital instructional services during the summer (Illinois Administrative Code, Chapter I, 226.375).

Substitute Compensation (Home Instruction)

Substitute home teachers' pay equals a pro rata amount of the substitute teachers' rate of pay per day, e.g., 1 hour = 1/5 of the currently established daily rate of pay for substitute teachers.

Compensation for teachers employed by other districts

In certain special cases District #9 students may be serviced by another school district. In these cases, it shall be the policy to recruit and pay home teachers in accordance with established policies and procedures of the serving entity. For example, a Trainable Mentally Handicapped student assigned to a Madison class may receive home instruction from the assigned Madison teacher at the rate of pay established by Madison District #12.

Grading and reporting

It is the assigned home/hospital teachers' responsibility to award grades to the student for the period of home/hospital instruction. This procedure requires completion of the "HOME OR HOSPITAL INSTRUCTION REPORT CARD."

When the student re-enters the regular school program, the classroom teacher(s) will resume responsibility for grading the student according to the given level or subject area. The classroom teacher must consider the grades earned during home/hospital instruction in determining overall semester grades. The decision of the relative importance or weight, however, is left to the classroom teacher(s).

An exception to the normal procedure may be made, at the high school level when re-entry occurs within the last 25 school days of the semester. When this occurs, the student may be expected to attend his/her assigned courses on an audit basis until the end of the given semester. Semester reporting will be based upon credit or no credit determined by the principal or his/her designee, Coordinator of Pupil Personnel, the student's counselor, and teacher(s).

Credits (high school only)

1. Maintenance program. When a student is out of school for only a short period of time, no more than 20 school days, he/she will be scheduled for a program designed to maintain the student's full academic load. Within this period, pending grades during home/hospital instruction, the student can continue a number of credits equivalent to a full-time schedule. Of course, this situation may be limited by the student's medical condition and/or the practicality of teaching certain courses in the restricted setting.
2. Alternative Home Hospital Instructional Program. When a student's home or hospital intervention extends beyond 20 school days, or when it can be anticipated that more than 20

days will be required, he/she may be scheduled for an alternative program allowing reduced credit per semester. Changes must be instituted on an individual case basis. For example, his/her schedule may be reduced to two courses per semester in place of a full load (four or five courses). Likewise, if a student is enrolled in a home maintenance program (4 or 5 classes), and does not return to the regular program after 20 school days, his/her schedule may be reduced to two classes; in which case, the student may earn a maximum of one credit. This procedure will not affect the amount of time provided - 5 hours per week minimum. Students in these adjusted programs will simply concentrate their efforts in fewer subjects selected cooperatively by the principal, Coordinator of Pupil Personnel, counselor, and teacher(s) in collaboration with the student and his/her parents/guardians. Some students enter extended hospital programs in the middle of a semester and do not return to their home during that semester. In these cases, the amount of credit awarded will be determined by a program review of the student's progress. Participants in the review process should include the principal, of his/her designee, the Coordinator of Pupil Personnel Services, the student's counselor, and the student's teacher(s) in collaboration with the student's parents/guardians and the student himself/herself when appropriate.

- 2.1 Procedure. A reduction in the number of classes is designed to permit flexibility in planning appropriate, quality educational experiences for students with medical problems. It reflects the commitment that the student's educational needs, in these instances, are subordinate to the medical needs, often resulting in the delay of educational pursuits. The concept is consistent with the belief that in many cases, if not most, a full complement of subjects for a student who is out of school for an extended period of time impairs the quality of the educational experience as a whole. Thus, in the interest of appropriate education for the student, it is often better to postpone portions of the experience rather than consider it practical to "make up" all subjects in every case.

Given this interpretation, the aforementioned limitations are to be considered a guideline rather than an absolute restriction, the typical application as opposed to a fixed, unalterable rule.

The procedure for adjusting the student's programs must be completed on a case by case basis, referred to as the individual Alternative Home/Hospital program (IAHP).

- 2.11 IAHP Program. The program will be developed by consensus of the student's principal, or his/her designee, the Coordinator of Pupil Personnel Services, the student's counselor, and the student's teachers(s). Information gathering, performed by the student's counselor, may necessitate communication with home or hospital staff.
- 2.12 Parent/student collaboration. Program development must include input from the student's parent(s) and the student himself/herself when appropriate.
- 2.13 Questions to be considered. The goal of the IAHP is to determine a balance between the student's medical need(s) and his/her educational need(s). Several points will be considered: a) What specific restrictions, if any, are incurred as a result of

his/her medical problem? b) How are these restrictions likely to affect his/her ability to meet course requirements? c) What minimum competencies are expected for the student to achieve success in each prospective course? d) Apart from the student's medical restrictions, how does his/her inability to attend classes (in school) affect his/her chances for acquisition of these minimum competencies? e) If a postponement of certain classes is necessary, when and/or how can the student plan to fulfill those portions of his/her regular program?

- 2.2 Re-entry. Upon re-entry into the regular school program, the student will be assigned a full schedule. The student will be required to continue those classes offered during the previous home/hospital intervention and to attend other assigned classes on an audit basis for the remainder of the semester (if applicable).

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