

## Provident Charter School Homebound Instruction Policy (Feb 2023)

Homebound Instruction shall be defined as a temporary excusal from compulsory attendance, for a period not to exceed three months, upon receipt of satisfactory evidence of physical, mental, or other urgent reasons. When a student receives homebound instruction, the student may be counted for attendance purposes as if in school. When recommending Homebound Instruction the following must be considered:

- Student's condition must be temporary in nature.
- If reason is of mental health nature, a student must be seen by a licensed physician.
- Temporary condition must be anticipated to last more than two (2) weeks.
- Homebound Instruction is NOT a substitute for regular classroom instruction. It is designed to assist the student to maintain his/her regular educational program of studies.
- Maximum instruction equals 1 hour per day, 5 hours per week, for no more than 12 weeks.
- Homebound instruction concludes at the end of the school year, at the end of 12 weeks, or when medical treatment has been discontinued, whichever occurs first.
- Provident Charter School reserves the right to withhold individual instruction when the instructor's presence in the place of a student's home presents a hazard to the health of the teacher or if a parent or other adult in authority is not home with the student during the hours of instruction.
- Provident Charter School reserves the right to offer homebound instruction through a virtual platform.

### Procedures:

A parent/guardian must make a request for homebound instruction to the schools Building Principal and the request must be supported by an attending physician's statement. The Building Principal will provide the parent/guardian with a Physician's Statement Form and or the parent/guardian will provide the doctor's name and fax number and the form will be faxed to the attending physician. The attending physician must complete the form, indicating the nature of the illness or medical condition, the length of time the student will require homebound instruction, and fax the form back to the Building Principal.

Once the Physician's Statement is returned, it will be reviewed by Provident's Administrative team. If approved, Provident will seek a homebound instructor. The homebound instructor is provided all instructional information regarding the student, all relevant materials and textbooks, tests, etc., and grading criteria. It is the responsibility of the homebound instructor to make arrangements with the parent/guardian of the homebound student to provide instruction. In general, the maximum time allotted for homebound instruction is five hours per week.

If a homebound instruction request is for a student with a disability, and the temporary condition results in a change in the student's need for specially designed instruction, the Director of Special Education will contact the student's case manager to reconvene the IEP Team. The IEP Team will determine whether it is necessary to revise the IEP and change the student's placement to Instruction Conducted in the Home.

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*Please Note: If the disability merits an extension of homebound services beyond 12 weeks the appropriate authorization must be received from the PDE prior to continuing services. In addition to PDE approval a **new** Physician's statement must accompany these documents. In order that services are uninterrupted, this request must be made at least **10 days prior** to the termination of services date.*

REQUEST FOR HOMEBOUND INSTRUCTION  
PHYSICIAN SECTION

To Parent/Guardian: Homebound Instruction is a temporary service for students who will be out of school because they are too medically ill to attend school or have sustained a serious injury that prevents school attendance. Homebound Instruction is not intended to be a long-term placement.

*PARENT/GUARDIAN AND PHYSICIAN MUST SIGN THIS REQUEST IN ORDER FOR IT TO BE REVIEWED BY SCHOOL PERSONNEL.*

Return Completed Request by EMAIL or FAX.

Gender: M ☐ F ☐

Email:	cjoseph@providentcharterschool.org
Fax:	412-407-3712

PARENT'S SECTION:

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Grade: \_\_\_\_ Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Does the student have an IEP? YES ☐ NO ☐

Does the student have a 504 Plan? YES ☐ NO ☐

Why is student unable to attend school? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

# REQUEST FOR HOMEBOUND INSTRUCTION

## PHYSICIAN SECTION

To Physician: Homebound Instruction is a temporary service for students who are too medically ill to attend school or have sustained a serious injury that prevents school attendance. Homebound Instruction is not intended to be a long term alternative to regular school attendance.

I hereby certify that \_\_\_\_\_ D.O.B. \_\_\_\_\_  
**Patients Name**

Is my patient. Date of Evaluation \_\_\_\_\_

Provide diagnosis and reason for homebound instruction: \_\_\_\_\_

List Medications/Treatment Recommended: \_\_\_\_\_

Date student was advised to stop attending school: \_\_\_\_\_

Can student attend school on a modified school schedule? YES NO

If not, why? \_\_\_\_\_

If yes, please define. (½ days, modified week, etc.) \_\_\_\_\_

DATE STUDENT CAN RETURN TO SCHOOL (RETURN DATE MUST BE PROVIDED):

Physician's Name & Licensure  
Date

Physician's Signature

Phone

Address

Zip Code

REQUEST FOR HOMEBOUND INSTRUCTION  
PHYSICIAN SECTION

Section to be completed by Physician if reason is of mental health nature.

CURRENT LEVEL OF TREATMENT:

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Has hospitalization or partial hospitalization program been recommended? YES ☐ NO ☐

If hospitalization or partial hospitalization has not been recommended, please explain why since the student is unable to attend school.

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Name and Phone Number: \_\_\_\_\_