



WASHINGTON TOWNSHIP PUBLIC SCHOOLS



PARENT LETTER FOR HOME INSTRUCTION GUIDELINES

Dear Parent:

When Home Instruction (HI) is requested by a parent, he/she must follow the following procedures:

1. Parent must contact the School Nurse to obtain and complete the following forms:

- ✓ **HI 1: PARENT GUIDELINES FOR HOME INSTRUCTION**
- ✓ **HI 2: LETTER TO STUDENT'S PHYSICIAN**
- ✓ **HI 3: STUDENT'S PHYSICIAN VERIFICATION**

Home Instruction Parent forms are found on the District Website > Parents > Health Services

2. The parent must return **HI 3** to the School Nurse. The Washington Township School District School Physician may contact your child's physician to secure additional information concerning the child's diagnosis or need for treatment and shall either verify the need for home instruction or shall provide to the district board of education reasons for denial.
3. If approved, the form will then go to your child's assigned school counselor. The school counselor will contact you regarding a plan for home instruction.
4. Please review the following home instruction guidelines:
 - Student must be available for home instruction during the scheduled dates and times. Failure to meet with the home instructor could result in poor grades and/or a discontinuation of the home instruction services.
 - Parent or an adult 21 years of age or older (designated by the parent) must be home when the teacher is present. The home instructor will not enter a home if an adult is not present.
 - Parent must report problems or issues with home instruction immediately to the school counselor.
 - Parent must sign the Payroll Voucher – Home Instruction Form Payroll to confirm instruction took place.
 - The School District may change the home instruction venue should it be determined that the health or safety conditions in the home make the home instructor visits inadvisable.

5. Upon conclusion or termination of home instruction, the student must report to the school nurse with a note from the physician (if Home Instruction was provided for *MEDICAL* reasons) indicating that the student may return to school. The school nurse will then forward this note to the school attendance secretary with copies to the school counselor and child study team, if applicable.

Please note that every effort will be made to maintain continuity in the course of study for each class or subject area taught. In developing a student's home instruction plan, consideration is given to:

- Physician's orders.
- Health of the student.
- The New Jersey Student Learning Standards.
- Ability to replicate a course in the home environment (e.g., AP, Honors, lab sciences, some science and some language courses cannot be replicated. **SPECIAL NOTE:** These courses not only have rigorous requirements, but many include an external exam as well. Many courses in the science and elective areas offer activities that may only be completed using the equipment and/or facilities available on campus. These activities cannot be duplicated away from campus. If your child will be absent for an extended period of time (more than 6 weeks), please speak with your child's school counselor to discuss what classes would be more appropriate while on the Home Instruction Program.)
- Courses necessary for the student to maintain their academic status.
- The course of study for a special education student will be consistent with the instructional objectives of the IEP and shall meet the New Jersey Student Learning Standards.

Respectfully,

School Nurse



WASHINGTON TOWNSHIP PUBLIC SCHOOLS



HOME INSTRUCTION LETTER TO STUDENT'S PHYSICIAN

Dear Physician:

Pursuant to New Jersey School Code, home instruction is available for students who are medically unable to comply with compulsory attendance regardless of any accommodations provided by the District. Home Instruction is a service that addresses a short-term or chronic medical condition or a need for treatment, at the conclusion of which the student is expected to return to school. Please be advised that the School Physician, Dr. Koerner, may contact you for additional information.

Please complete the attached **HOME INSTRUCTION STUDENT'S PHYSICIAN VERIFICATION (HI 3)**.
Thank you!

Respectfully,

School Nurse

School Nurse	School	Telephone	Fax
Melissa Wicken	Bells Elementary	856-589-8441	856-589-6607
Barrie Weidner	Birches Elementary	856-232-1290	856-232-7963
Tina Guerra	Grenloch Terrace Early Childhood Center	856-589-8248	856-227-8207
Anne-Marie Gilbert	Hurffville Elementary	856-227-1303	856-589-6909
Cynthia Johnson	Thomas Jefferson Elementary	856-589-7459	856-589-6919
Deborah Sernicola	Wedgwood Elementary	856-227-8110	856-227-8163
Carol Ann Wesh	Whitman Elementary	856-227-1103	856-227-0965
Barbara Keane	Bunker Hill Middle School	856-881-7007	856-881-5414
Rosemary Coleman	Chestnut Ridge Middle School	856-582-3535	856-582-5952
Kathleen Luckiewicz	Orchard Valley Middle School	856-582-5353	856-589-6196
Theresa Cotton	Washington Township High School 9-10	856-589-8500	856-218-0324
Virginia Hudock	Washington Township High School 11-12	856-589-8500	856-256-9149



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**HOME INSTRUCTION STUDENT'S PHYSICIAN VERIFICATION**

Student Name:		Date:	DOB:
School:	Grade:	Counselor:	
General Education Student _____		Special Education Student _____	
Physician Information: The section below must be completed by the licensed physician providing care to the student for the condition for which home instruction is requested.			
Date(s) of Examination:		Diagnosis:	
Is the student confined to the home and unable to participate in the normal activities expected during school attendance? Yes _____ No _____ Please provide medical facts in support:			
Could this student attend school if accommodations are provided? Yes _____ No _____ Please explain:			
Student Symptoms:			
Explain treatment, dates of treatment and/or ongoing therapy that is being provided (In cases of emotional disorders, please attach treatment plan). If condition is chronic, please describe diagnosis, treatment, symptoms, expected duration of chronic condition and efforts to have student attend school on a regular and consistent basis.			
Prognosis:			
Expected Date of Return to School:			
Original Physician Signature		<i>AFFIX Physician Stamp here or if stamp is unavailable, Print Name, Address, and Phone Number of Medical Practice:</i>	
Indicate Area of Licensed Specialty: MD _____ DO _____ Psychiatrist _____ Neurologist _____ Other _____			