

HOME AND HOSPITAL TEACHING GUIDELINES

The following guidelines should be used to implement individual home and hospital instruction programs:

1. **Eligibility** - Any child of school age who is unable to attend a regular school program due to a verified medical, physical or emotional condition for a period of more than three weeks or who has a chronic health issue shall be provided with a home teacher. The student will be maintained on a regular school roll and counted as present from time of verified eligibility, except when a student is not available for scheduled instructional service. An application containing a verification of the physical condition, including drug and alcohol dependency, by a licensed physician or nurse practitioner, or verification of emotional condition by a certified school or licensed psychologist, or licensed psychiatrist of the current condition preventing the student from participating in the student's school of enrollment is required.
 - a. The length of instruction for students in a full day program is 6 hours per week (or as determined by the Learning Support Team).
 - b. The length of instruction for students in a half-day program is a 3 hours per week. (or as determined by the Learning Support Team).
 - c. The length of instruction for students receiving special education will be determined by the IEP Team.
2. Student Support Services will assign a Home or Hospital teacher, or approve services provided in an out of county setting. Home and Hospital teachers must be currently employed teachers who have completed a Home and Hospital Teacher Application or teachers from the approved Home and Hospital Teacher List. If you would like to use teachers who are not on the list, please contact Human Resources.
3. The Home and Hospital teaching should begin **within 10** school calendar days of the written verification of need for services.
4. The Home and Hospital teacher should work with the child's school counselor to coordinate instructional materials. If assistance is needed, the home and hospital teacher should make contact with the home school teacher. The school staff will determine what subjects are to be taught by the Home and Hospital teacher. The Principal may approve up to one hour of preparation/planning time for the Home and Hospital teacher to have an initial meeting with the student's regular teachers, otherwise planning is included in the pay for the length of instruction. Student Services should be notified in advance of this approval.
5. For attendance purposes, students receiving Home and Hospital instruction should be counted as present, except when a student is not available for scheduled Home and Hospital instruction. The home/hospital teacher will contact the school

HOME AND HOSPITAL TEACHING GUIDELINES

- directly and advise of any date when the student is unavailable for regularly scheduled instruction and record this information on the Home and Hospital Instruction reimbursement form.
6. The Office of Student Support Services will notify schools when a Home and Hospital instruction program begins and when it ends. A review or re-verification shall be conducted after 60 calendar days.
 7. Student Services will conduct an annual training with all Home and Hospital Teachers.
 8. Home and Hospital teachers will be required to submit a *Home and Hospital Instruction Reimbursement Form* to Student Support Services Division as indicated by the timesheet payroll schedule (copy distributed annually). The form must be completed in its entirety, and must have the required parental signatures.

RESPONSIBILITIES

School Responsibilities:

- Receive and date verifications of need for Home/Hospital teaching and forward to Student Support Services.
- Maintain the student on the regular school roll and count the student as present except when a student is not available for Home and Hospital tutoring services.
- Revise the IEP of any student receiving special education services and discuss with the Home and Hospital teacher how it needs to be monitored. In this discussion, clearly review the accommodations that this student receives.
- Provide the Home and Hospital teacher with materials of instruction. This includes books, course outlines, tests/exams, projects, service learning information, and any other material necessary for instruction.
- Home school teachers are responsible for grading the work and providing feedback to the students and Home and Hospital teachers. Home school teachers should prioritize the work and ensure at least one assignment is recorded in powerschool on a weekly basis.
- School Counselor will use the *“Home and Hospital Instruction Tracking Form”* to record all incoming and outgoing assignments. School counselors will verify on a biweekly basis that assignments have been entered in powerschool.
- School counselor will ensure there is a record of all teacher assignments, documentation log, parent and school communications and final grade report is kept on file in the school.

HOME AND HOSPITAL TEACHING GUIDELINES

Home and Hospital Teacher Responsibilities:

The role of the Home and Hospital teacher is to act as the liaison between the student, the parent, and the school and to help the student remain current with his/her academic program, including all courses needed for graduation.

- Contact the parent/guardian to establish a scheduled teaching date and time.
- Contact the school counselor to request materials.
- Confirm that materials are ready for pickup with the secretary/school counselor.
- Visit the school to confer with designated school staff and gather materials.
- Provide instruction in the areas specified by the school counselor for Home and Hospital Instruction.
- Attend all required meetings/trainings.
- Add entries to the Home and Hospital Tracking Form whenever assignments are received from the home school or assignments are handed back in.
- Contact the Student Services Office with any questions or concerns.

Parent Responsibilities:

- Present to the school verification of the need for Home and Hospital Instruction services (completed Home and Hospital form)
- Provide a safe environment for home instruction. A suitable place where teacher and student can work without being disturbed; free of visitors, smoke, pets, and television.
- Be sure an adult (18 years or older) is in the home at all times during the tutoring session.
- Contact the Home and Hospital teacher in the event that the student is unable to keep a scheduled appointment.
- Sign the Home and Hospital Instruction Report after each session.
- Communicate expectations with the Home and Hospital teacher
- Contact Student Services Office with any questions or concerns.
- Encourage student to work independently on assignments to keep pace with his/her classmates if possible.

Student Responsibilities:

The student is responsible for maintaining motivation and cooperation with the home teacher.

- Be on time.
- Bring books and materials to the tutoring session.
- Spend normal school hours doing school work.
- Complete all assigned work.

HOME AND HOSPITAL TEACHING GUIDELINES

- Demonstrate an attitude of respect toward the home teacher.
- Participate and cooperate with the Home and Hospital teacher on completing assigned work.
- Submit completed work to the Home and Hospital teacher.

Student Support Services Responsibilities:

- Notify parents, home hospital teacher and school personnel of eligibility dates.
- Process Home/Hospital Instruction Reimbursement and mileage forms.
- Assign Home/Hospital Instructors as appropriate.
- Approve out of county centers/hospital services.
- Approve initial additional planning meetings
- For chronic health impaired students, collaborate with school staff and parents to create a plan of action for short term intermittent absences.
- Collaborate with Human Resources to ensure Home/Hospital Instructors are evaluated.
- Notify Human Resources of the need for additional home and hospital teachers.

HOME AND HOSPITAL TEACHING GUIDELINES

Home and Hospital Instruction Tracking Form

Student Name: _____

| Subject | Assignment (brief description including page number or title of worksheet) | Teacher Submitted Work Initial/Date | H/H Tutor Pick Up Work Initial/Date | H/H Tutor Returned Work Initial/Date | School Staff Received Work Initial/Date | Teacher Received Work Initial/Date | Date Assignment in PS |
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HOME AND HOSPITAL TEACHING GUIDELINES

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***Please write any comments on the back of this form.

HOME AND HOSPITAL TEACHING GUIDELINES

**SOMERSET COUNTY PUBLIC SCHOOLS
APPLICATION FOR HOME/HOSPITAL TEACHING SERVICES (H/HTS)**

IMPORTANT: (When sections I and II are completed, return application to Lynn Higgs, Student Services Department, 7982A Crisfield Highway, Westover, MD 21871 or Fax to 410-651-2931 IMMEDIATELY.)

1. Please be sure and fill out all information below.

Name of student _____ DOB _____ Race _____ Sex _____

Does student receive special education services? Yes No

School _____ Grade _____

Home Address _____

Telephone: Home _____ Work _____

I grant permission for Somerset County Public Schools to provide home and hospital teaching services to my child. I understand that it may be necessary for Pupil Services staff to confer with the referring physician/psychologist for additional data on my child and grant them permission to do this.

Parent/Guardian _____ Parent/Guardian Signature _____
(Please Print)

Date: _____

2. Statement by Physician (Physical Condition) or Psychiatrist/Licensed Psychologist/Certified School Psychologist (emotional condition)

Application based on: Physical Condition Date of Examination: _____
 Emotional Condition

Fully describe the physical/emotional condition that is present for this student that will not allow the student access his/her current education program: _____ to

HOME AND HOSPITAL TEACHING GUIDELINES

Special program/accommodations requested for the student based on current physical/emotional description:

How long will the student's condition keep the student out of school _____?
(If more than 60 days, re-verification documentation must be attached to the original H/HTS application.)

For students in Partial Hospital Plan (PHP) a copy of the students proposed treatment plan and a transition meeting must be scheduled with the appropriate people at the student's school one week prior to discharge

Signature _____ Date _____

Print Name _____
(Please Circle: Physician, Psychiatrist, Licensed Psychologist, or Certified School Psychologist)

Address _____ Telephone _____

PROGRAM ELIGIBILITY – COMAR 13A.03.05

- Home and hospital instruction is designed to provide short-term itinerant instructional services to students who are unable to participate in their school of enrollment due to a physical or emotional condition.

HOME AND HOSPITAL TEACHING GUIDELINES

- Instructional services are available to all eligible students during convalescence or treatment time in a medical institution, therapeutic treatment center, the student’s place of residence, or all of these.
- Initial service need is determined by:
- Verification of a physical condition, including drug and alcohol dependency, by a licensed physician, or
- Verification of an emotional condition by a certified school, or licensed psychologist or a licensed psychiatrist, and
- A statement by the physician or psychiatrist/psychologist verifying that the current physical or emotional condition prevents the student from participating in the student’s school of enrollment.
- Service need is subject to review 60 calendar days after the initial determination of eligibility or sooner at the request of either the parent, guardian, or local school system.
- Continuation of service need beyond 60 calendar days *requires re-verification* of service need.

3. (To be completed by school designee)

SUBJECTS TO BE TAUGHT

GRADE TO DATE

HIGH SCHOOL ASSESSMENT TESTS STATUS:

| | Pass | Fail |
|---------|-----------------------|-----------------------|
| English | <input type="radio"/> | <input type="radio"/> |
| Algebra | <input type="radio"/> | <input type="radio"/> |
| Biology | <input type="radio"/> | <input type="radio"/> |

HOME AND HOSPITAL TEACHING GUIDELINES

Government

The aforementioned plan has been reviewed and accepted by me.

Principal or Designee _____ Date _____

4. FOR STUDENT SERVICES OFFICE USE:

| | | |
|--|---------------------------|--------------------------|
| Does this application meet the criteria to authorize H/HTS | <input type="radio"/> Yes | <input type="radio"/> No |
| Does student have an Individualized Education Program (IEP)? | <input type="radio"/> Yes | <input type="radio"/> No |
| If this request is approved, date of the IEP team meeting to reflect H/HTS | _____ | |
| Has a copy of the IEP been given to the home teacher? | <input type="radio"/> Yes | <input type="radio"/> No |

Date Received by Student Services _____ Teacher Assigned _____

Phone _____ Date Teacher Assigned _____

Date Instruction Started _____ Date Instruction Terminated _____

Approved _____ Date _____
Home/Hospital Office Designee