

INSTRUCTION

Home or Hospital Instruction

Eligibility

1. Students must be enrolled in the district or must be a private school student receiving ancillary services in the school district.
2. The school nurse will verify with the form (*Request for Home Teacher*) the student's health status with the parent and physician.
3. A written statement on the form with accompanying district letter (*Request for Home or Hospital Instruction*) by a doctor (M.D., D.O., D.M.D.), advanced registered nurse practitioner, or licensed mental health therapist, indicating that the student is unable to attend school due to physical disability or illness for at least four (4) weeks, but no more than a semester, must be on file.
4. The parent must sign the form (*Parent's Request for Home Instruction*) requesting home or hospital services.
5. When all information is received in the Special Services office, a certificated teacher will be found to provide the service.

Program Requirements

1. Home or hospital instruction is provided for students absent a minimum of four (4) weeks but less than a semester. Instruction may be intermittent but weeks of tutoring may not exceed 18 weeks.
2. Home or hospital instruction may be provided while a student is being assessed for eligibility for special education services (limit of eight [8] weeks).
3. Students enrolled in special education programs may be provided home or hospital instruction for diagnoses unrelated to their qualifying condition if they meet home or hospital instruction requirements.
4. Home or hospital instruction is not provided during school vacations unless the student is enrolled in a district summer school program.
5. Home or hospital instruction is for the student unable to attend school due to disability or illness. It may not be used to instruct a student who is staying at home with an infant or a sick relative.
6. The home or hospital teacher shall contact the parents/guardians of the child to determine the best time for instruction and contact the school for the materials to be picked up or phone the counselor/teacher for initial information.
7. Average visits per week are 2 to 3 times. This may vary due to the child's condition.
8. A typical schedule is four (4) hours total a week with 3.5 contact hours and .5 for getting assignments from the teacher and/or counselor.

9. Home or hospital instruction shall run on the same days as the school calendar. There is no instruction on scheduled holidays and non-contract days. Exception: special education students can be scheduled.

Reporting, Auditing, Fiscal Requirements

1. Teachers will be paid at the latest rate of pay as per Special Services arrangement.
2. Additionally, teachers will be paid for one (1) round trip (school-home or hospital-school) for each session with the student, up to five (5) round trips a week. Reimbursement will be at the current board approved reimbursement rate. Teachers must submit a monthly mileage sheet at Special Services.
3. Teachers must keep their own timesheet and submit them to Special Services prior to the regular payroll period. These will be signed and sent to payroll. This will allow the teacher to be paid on a monthly basis.
4. A final enrollment report is to be submitted to the Office of Superintendent of Public Instruction (OSPI) in July following the end of each school year.
5. These forms must be available for inspection by OSPI or educational service district staff/monitors.

Cross reference: [Board Policy 2217](#) Home or Hospital Instruction

Adopted:	<u>January 13, 1997</u>
Updated:	<u>May 1999</u>
Updated:	<u>March 2001</u>
Updated:	<u>June 2009</u>
Updated:	<u>November 2011</u>
Updated:	<u>September 2020</u>
Updated:	<u>October 2020</u>

REQUEST FOR HOME TEACHER

Special Services
3900 Broadway, Everett, WA 98201
425-385-5250

TO: Special Services DATE: _____

FROM: _____

TUTOR REQUESTED BY: _____ AUTHORIZED BY: _____

STUDENT NAME: _____ SCHOOL: _____

HANDICAPPED CONDITION: _____ GRADE LEVEL: _____

PARENT NAME: _____

HOME ADDRESS: _____ HOME PHONE: _____

WORK PHONE: _____

TUTOR BEGINNING DATE REQUESTED: _____

HOURS NEEDED PER WEEK: _____

HOW MANY WEEKS NEEDED: _____

COMMENTS:

OFFICE USE ONLY:

NAME OF TUTOR ASSIGNED: _____ PHONE NO: _____

DATE ASSIGNMENT TO BEGIN: _____

TEACHER CONTACT IN SCHOOL: _____

Updated: September 2020

PARENT'S REQUEST FOR HOME INSTRUCTION

Special Services
3900 Broadway, Everett, WA 98201
425-385-5250

STUDENT NAME _____ BD _____ GRADE _____

ADDRESS _____ PHONE _____

SCHOOL _____

TEACHER/COUNSELOR _____

Home/Hospital instruction is provided to students who are unable to attend school for a minimum estimated period of four weeks up to 18 weeks/semester because of physical disability or illness ([WAC 392-172A-02100](#)).

To obtain this service the attached form (SPI E-310) **must** be completed and signed by your doctor. These forms, Parent's Request for Home Instruction and SPI E-310, should be returned to this office as soon as possible and a tutor will be assigned.

I request Home/Hospital instruction for my student.

Parent/Guardian _____

Date signed _____

FOR SCHOOL USE ONLY

Attach: SPI E-310 R/8/93

Please return to: Everett Public Schools
Special Services
3900 Broadway
Everett, WA 98201

Updated: September 2020

Special Services

3900 Broadway, Everett, WA 98201
425-385-5250

Dear Health Care Provider:

You have been asked to fill out Section 1 of the enclosed Home/Hospital Instruction (E-310) form. Through the Home/Hospital Program, school districts are reimbursed by the Office of the Superintendent of Public Instruction for tutoring students who are *temporarily* unable to attend school because of a physical disability or illness. This amount will provide four (4) hours a week for home tutoring. This will not provide a complete educational program but will assist a student in maintaining their educational status when absent from school temporarily. Please ask for the minimum number of weeks (4) of absence from school that this student requires for recovery from illness or injury so that the student may resume school attendance and participation in a complete education program.

Please call Special Services at 425-385-5250 if you have any questions. Thank you for your assistance.

Sincerely,

Special Services Department

Updated: September 2020



REQUEST FOR HOME/HOSPITAL INSTRUCTION

2217P
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SCHOOL DISTRICT NAME		STUDENT GRADE LEVEL	STUDENT NUMBER			
CONTACT PERSON	TELEPHONE NUMBER	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	Is this student enrolled in a Special Education Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
STUDENT NAME: (Last, First, Middle) Please Print						
SECTION 1 – THIS SECTION TO BE COMPLETED BY QUALIFIED MEDICAL PRACTITIONER						
DIAGNOSIS: <input type="checkbox"/> DISEASE/INJURY (Specify primary diagnosis) _____ <input type="checkbox"/> DRUG/ALCOHOL TREATMENT _____ <input type="checkbox"/> PREGNANCY _____ <input type="checkbox"/> OTHER* (SPECIFY) _____ <p style="text-align: center;">I certify that this student is unable to attend public school for _____ weeks.</p>						
TYPE/PRINT NAME OF QUALIFIED MEDICAL PRACTITIONER		CONTACT TELEPHONE NUMBER	BUSINESS ADDRESS			
SIGNATURE		DATE				
SECTION 2 – THIS SECTION FOR SCHOOL DISTRICT USE						
ACTUAL EXPENDITURES 1. INSTRUCTIONAL SALARY – Current maximum instructional salary \$ _____ Rate Per Week x Number of Weeks _____ \$ _____ (Excluding weeks of school vacation) 2. EMPLOYEE BENEFITS at _____ % \$ _____ 3. TRAVEL – Travel at district rate, up to state maximum (.28/mi) _____ Miles x \$ _____ \$ _____		CHECK ONE <input type="checkbox"/> ORIGINAL REQUEST <input type="checkbox"/> EXTENSION NOTE: Beginning date on extension request must consecutively follow ending date of original request. BEGINNING DATE OF INSTRUCTIONAL TIME OR EXTENSION: <table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">MO</td> <td style="width: 33%;">DAY</td> <td style="width: 33%;">YEAR</td> </tr> </table>		MO	DAY	YEAR
MO	DAY	YEAR				
SCHOOL DISTRICT AUTHORIZATION ■ DATE ■ CONTACT TELEPHONE NO.						

Revised: August 1994
Updated: November 2011
Updated: December 2013
Updated: September 2020