



Monmouth County Vocational School District

Home Instruction Procedures and Documents

August 2018

MONMOUTH COUNTY VOCATIONAL SCHOOL DISTRICT PROCEDURES FOR HOME INSTRUCTION

Homebound Instruction will be provided when the student is confined to the home or another out-of-school setting due to a temporary or chronic health condition or in need for treatment that precludes participation in their usual education setting for more than 10 consecutive school days. Homebound instruction does not replace classroom instruction and participation, nor the experience students gain from within the school environment. Educational programs cannot be reproduced in the home or out-of-school setting, and homebound instruction is not an alternative program. All medical homebound instruction must be approved by the district's physician.

1. Student's parent and physician/psychologist completes the application and Initial Order for home instruction and submits it to the building principal.
2. Your request for home instruction will be reviewed for approval by the Monmouth County Vocational School District's physician. In certain instances, the district physician may require additional information or documentation from your doctor prior to approving home instruction.
3. Once the Monmouth County Vocational School District receives approval for home instruction, you will be contacted to schedule a time and location for services.
4. If approved, the Monmouth County Vocational School District will provide services in the home, through online services, or through contract with another district board of education, education services commission, jointure commission, or approved clinic or agency.
5. Physician/Psychologist completes the return to school form prior to the student returning to school. The student will not be readmitted until the school has received the form.
6. If it is necessary to continue home instruction, an updated physician/psychologist order form must be submitted to the district every thirty (30) calendar days. The same review process will be conducted.
- 7. Students receive the hours of direct instruction as required by New Jersey School Law. The limited hours may not provide time for instruction across all subjects that make up the full curriculum and schedule.**
8. When the provision of home instruction will exceed 60 calendar days, the school physician shall refer the student to the child study team for evaluation, pursuant to N.J.A.C. 6A:14.

MONMOUTH COUNTY VOCATIONAL SCHOOL DISTRICT
HOME INSTRUCTION APPLICATION

TO BE COMPLETED BY PARENT/GUARDIAN

Name of Student: _____
Last Name First Name

School: _____ Date of Birth: _____ Age: _____ Grade: _____

Name of Parent/Guardian: _____

Address: _____

Telephone: _____

Last Date of Attendance at School: _____

Pertinent information regarding this student includes the following (Please initial each line):

- _____ Application
- _____ Copy of the Initial Physician or Psychologist Order
- _____ I authorize the district physician to contact the treating physician for the release of medical information that would impact on a student's academic program.
- _____ I understand that for instruction to take place at the student's home, a responsible adult (age 21+) must be present during the duration of each instructional setting.

Parent/Guardian Signature Date

MONMOUTH COUNTY VOCATIONAL SCHOOL DISTRICT
INITIAL PHYSICIAN or PSYCHOLOGIST ORDER

Name of Student: _____
Last Name First Name

TO BE COMPLETED BY ATTENDING PHYSICIAN/PSYCHOLOGIST

Attending Physician or Psychologist’s Name: _____

Address: _____

Phone: _____

Date of examination by attending Physician or Psychologist: _____

Medical Diagnosis: _____

IN ORDER TO PROVIDE HOME INSTRUCTION FOR THIS STUDENT, THE FOLLOWING INFORMATION MUST BE PROVIDED BY THE ATTENDING PHYSICIAN/PSYCHOLOGIST:

1. Medical condition and a diagnosis:
2. History, if necessary:
3. Treatment being received:
4. Prognosis:
5. Confinement began _____ Confinement to end _____
6. To make home instruction most effective:

Suggestions:
 Guidance:
 Restrictions:

Attending Physician/Psychologist Signature: _____ Date: _____

TO BE COMPLETED BY DISTRICT PHYSICIAN

I have reviewed the report of the attending physician/psychologist and:

___ **Agree** with the determination that the pupil is eligible for home instruction

___ **Do Not Agree** with the determination that the pupil is eligible for home instruction

Explain: _____

MCVSD Physician Signature: _____ Date: _____

MONMOUTH COUNTY VOCATIONAL SCHOOL DISTRICT
PHYSICIAN or PSYCHOLOGIST RETURN TO SCHOOL

Name of Student: _____
Last Name First Name

TO BE COMPLETED BY ATTENDING PHYSICIAN/PSYCHOLOGIST

Attending Physician or Psychologist's Name: _____

Address: _____

Phone: _____

Date of most recent Examination/Appointment with attending Physician/Psychologist: _____

_____ may return to school on _____
Student's Name Date

____ May resume a full school schedule including physical education activities

____ May return to school with the following recommendations and/or restrictions.

Date restrictions to be lifted.

Attending Physician/Psychologist Signature: _____ Date: _____

Date Received by MCVSD

Signature of Building Principal

Student Home Instruction Schedule

Student Name _____

MCVSD School _____

Dear Parent/Guardian,

Your child will be receiving home instruction based on the schedule below. While the home instruction teacher is at the house working with your child an adult (18 years or older) must be present. Please limit the number of student absences, and try not to schedule appointments during instructional time.

Subject					
Teacher					
Day	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
End Time					

It is the responsibility of the parent/guardian to maintain updated medical records while on Home Instruction. If the medical records on file expire (30 days) instruction will end and the student will be expected to return to school.

I have agreed to the above schedule with the home instruction teachers, and will have an adult present at the instructional time. I understand that repeated absence and failure to complete assigned work will have a negative performance on my child's academic performance.

Parent/Guardian Name

Parent/Guardian Signature

Date

Class Procedures for Home Instruction

Student Name _____

MCVSD School _____

Your responsibilities are to:

- Please be appropriately dressed and ready for instruction before the teacher's arrival.
- Place your homework on the table to be checked by the teacher.
- Be ready to work and take out your materials.
- Make up all missed tests, quizzes, and exams.
- When teachers give you a deadline for an assignment, you must complete and submit the work by the deadline.
- Being on home instruction does not excuse you from completing the work assigned to you. You must decide that you will keep up with your assignments so you will not fall behind. When required student and/or parent must arrange with the guidance counselor to pick up makeup work to complete and return for courses not provided during the hours for home instruction.
- *Grading May Include:
 - Tests and Quizzes
 - Class Participation
 - Projects
 - Homework

I have read and understand all of my responsibilities for home instruction, and I agree to follow these rules at all times.

Student's Name

Student's Signature

Date

Parent/Guardian Name

Contact #

Parent/Guardian Signature

Date

Parent's Homework Agreement

Student Name _____

MCVSD School _____

I, _____, parent or guardian of student _____, have reviewed the class contract. Independent home study is essential for the student to maintain his/her grades. It is the student's responsibility, under the supervision of the parent/guardian, to complete the work which has been assigned. A lack of effort in completing work may result in failing grades. Therefore, the parent/guardian is also responsible for:

- a. Assuring the student will be available, appropriately dressed, and ready to participate in home instruction at the pre-scheduled time agreed upon by the parent and home instructor. Failure to meet the scheduled appointment could be deemed a violation of compulsory education laws pursuant to N.J.S.A. 18A:38-25 through 31.
- b. Establishing a daily schedule that provides a specific time and place in the home where the student can work independently on his/her assignments.
- c. Checking that daily assignments are completed. This will demonstrate to your child that you are genuinely interested in his/her performance and future success.

Parent/Guardian Name

Parent/Guardian Signature

Date

TEACHERS

School Contact/Communications

Per session teachers must establish and maintain communication with appropriate school personnel to ensure consistency with the students' school program. Maintain a record of contact by completing the home instruction activity log.

Tests

Tests that measure the mastery of specific objectives should be administered. The grades from these tests should substantiate the marks given on the home instruction activity log.

Regulations

- MCVSD teachers CANNOT work on weekends, school holidays, or days they are absent from their regular school position.
- MCVSD teachers cannot exceed 2 HOURS PER DAY.
- An adult chaperone MUST be present at all times.
- The MCVSD teacher may not work per session during the regular school day.
- The teacher may not take his or her student on a field trip without permission from the MCVSD Central Office Administration (Assistant Superintendent).
- Teachers are prohibited from having their children, relatives, etc. accompany them to their assignment.
- When a student's medical documentation expires, parents will receive a medical expiration letter. Teachers should continue working with the student until informed by MCVSD administration to discontinue.
- Student attendance forms must be submitted (twice) each month.

Home Instruction Activity Log

The following needs to be completed at the conclusion of each home instruction session and submitted with time sheet.

Student_____ School_____

Subject_____ Home Instructor_____

Date of Instruction_____

Objectives:

Homework Completed Yes_____ No_____

Homework Assigned:

Assessment:

Activity:

Additional Information (ie. parent cancelled, student not prepared, etc.):

Home Instructor Signature

Date

TIME SHEET- One week per sheet

Home Instructor Name: _____

Day	Date	Time In	Time Out	# Hours	Parent Signature Confirming Visit
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Students Name _____ Total Hours _____

School _____

Parent/Guardian Signature

Date

I hereby certify that I have worked the above listed hours and request payment for the same.

Home Instructor Signature _____ Date _____