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
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.

<table>
<thead>
<tr>
<th>Subject</th>
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</thead>
<tbody>
<tr>
<td>Teacher</td>
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<tr>
<td>Day</td>
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<td>Start Time</td>
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<tr>
<td>End Time</td>
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</tbody>
</table>

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 ______________________

____________________________________________________
Parent/Guardian Name ________________

____________________________________________________
Parent/Guardian Signature ______________________

Date

Date

Contact #
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
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: _____________________________________________

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th># Hours</th>
<th>Parent Signature Confirming Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
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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 ______________