

# WASHINGTON TOWNSHIP SCHOOLS

Long Valley, NJ 07853

## Guidance for Parents

### ~ Home Instruction/Alternative Instruction Program Due to Child's Health Condition ~

Dear Parents or Guardians:

This information has been designed to provide you with guidance and procedures regarding home instruction or alternative education services. The Washington Township Schools provides instructional services to an enrolled student, whether a general education student in Kindergarten through grade eight or a special education student age three and up, when the child is confined to the home or another out-of-school setting due to a temporary or chronic health condition or a need for treatment that precludes participation in their usual educational program for a period of more than 10 consecutive schools days (or 20 cumulative days during the school year). When making a request for home/alternative instruction services please follow these specific procedures:

1. Contact your child's Principal as soon as you are aware that your child may require home/alternative instruction. School Principal contact information can be found at the close of this communication document. The Principal will discuss the need to complete the following 2 forms (included here for your convenience):

A. Complete **FORM A: PARENT/GUARDIAN REQUEST FOR HOME/ALTERNATIVE INSTRUCTION** (included in this communication bulletin).

B. Have your child's physician complete the **FORM B: HOME/ALTERNATIVE INSTRUCTION - MEDICAL REPORT OF ATTENDING PHYSICIAN** (included in this communication bulletin). This form must be signed by your child's physician.

**IMPORTANT: Both forms referenced above (Parent/Guardian Request for Home/Alternative Instruction and Home/Alternative Instruction - Medical Report of Attending Physician ) must be returned to the Principal who will then refer the request and information to the School District Physician according to State Law. The School Physician is the legal authority for all home instruction requests.**

2. If the School District Physician approves home/alternative instruction, the Principal will work in collaboration with school personnel to coordinate home/alternative instruction services with services beginning within 5 school days (or, during the first week of the student's confinement if the School District Physician's approval is received prior to confinement). Please note the following with regard to the home/alternative instruction program:

A. Insure that your son/daughter is available for tutoring and communicate directly with your child's Home Instructor to arrange tutoring dates and times.

B. A parent/guardian must be home when the tutor is present. The tutor will not enter a home if the parent/guardian is not present.

C. Any problem related to the home/alternative instruction program should be directed to the Principal.

D. Upon conclusion of home/alternative instruction services, the student must report to the school nurse with a note from the physician indicating that the student has received clearance to return to school. The school nurse will then forward this note to the school attendance secretary with copies to the guidance counselor and Child Study Team, if applicable.

3. When a regular education student is confined at home or to a hospital by a physician for more than sixty (60) calendar days, the school physician shall refer the student to the Child Study Team according to New Jersey law.

***SEE REQUIRED FORMS (A & B) BELOW!***

**WASHINGTON TOWNSHIP SCHOOLS**

Long Valley, NJ 07853

**FORM A: PARENT/GUARDIAN REQUEST FOR HOME/ALTERNATIVE INSTRUCTION**

***(to be completed by parent/guardian):***

Student: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The student is, or will be, confined to home or hospital as follows:

Type of illness/injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated duration: From \_\_\_\_\_ to \_\_\_\_\_

Name, Address, and Phone # of attending physician:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We, the undersigned, authorize my child's medical care provider(s) as noted above to discuss my child's medical history with the Washington Township Schools' School Physicians: Ronald M Frank, MD/Sean M Cook MD. This request is valid for 1 year from the date of this letter. I understand that New Jersey law requires that school district physicians approve all home instruction requests.

\_\_\_\_\_  
Parent/Guardian (Print Name)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**IMPORTANT!!!**

**Upon completing this form, have your child's physician complete  
Form B (below/attached):**

**THEN ...**

**Return both completed forms (A & B) to your child's Principal!**

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**FORM B: HOME/ALTERNATIVE INSTRUCTION - MEDICAL REPORT OF CHILD'S ATTENDING PHYSICIAN**

**REQUEST FOR HOME/ALTERNATIVE INSTRUCTION PROGRAM**

Student: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dear Physician:

Students may be deemed eligible for Home Instruction in those rare instances when long-term confinement to home or hospital is required because of severe illness or injury. **“Confinement” means that the student is bedridden or unable to participate in activities outside the house.** In order to consider an Alternate/Home Instruction Program for the above referenced student, the following information is required. This information will be reviewed by the school’s medical and administrative personnel prior to a determination. All items must be completed. Incomplete forms will not be considered.

Diagnosis: \_\_\_\_\_

Is the student confined or unable to leave their home or a medical facility? \_\_\_\_\_

How does the medical condition prevent the student from physically attending school?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Treatment:

\_\_\_\_\_  
\_\_\_\_\_

Can the student physically attend school for part of the day? \_\_\_\_\_

Can the student attend school with special accommodations and if so what are the required accommodations?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duration of the request: \_\_\_\_\_

What criteria must be met before the student can return to school full time?

\_\_\_\_\_  
\_\_\_\_\_

When is the next scheduled medical /psychiatric follow-up? \_\_\_\_\_

Physician’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Student: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**FOR SCHOOL and SCHOOL DISTRICT PHYSICIAN USE ONLY**

**School Review of Home/Alternative Instruction Request**

\_\_\_\_\_  
Date Forms Received from Parent(s)

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Parent Submitting Forms

\_\_\_\_\_  
Date forwarded to School District Physician

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**TO BE COMPLETED BY SCHOOL DISTRICT PHYSICIAN**

**School Physician Administrative Review:**

\_\_\_\_\_ Based on the supplied medical information, I am recommending that Home instruction be included as part of the student's educational curriculum. The number of hours of home instruction provided will be determined by school administration based on other educational modalities available to the student such as computer-based education or partial day school attendance.

\_\_\_\_\_ This is approved for 30 days and a medical update will be required for extension.

\_\_\_\_\_ This is approved for 60 days and a medical update will be required for extension. Student is expected to need an IEP or CST evaluation.

\_\_\_\_\_ This is approved for 90 days and a medical update will be required for extension. Student is expected to need a CST evaluation.

\_\_\_\_\_ This is approved for the 2019-2020 school year. No medical update is required. Student is expected to need a CST evaluation.

\_\_\_\_\_ The student is expected to require intermittent home instruction for the entire school year and is approved as needed for the 2019-2020 school year. Student is expected to need a CST evaluation.

\_\_\_\_\_ Home instruction is not recommended based on available medical information. This case can be reviewed again with submission of additional medical information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ronald M Frank, MD FAAFP

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**WASHINGTON TOWNSHIP SCHOOLS**  
**Long Valley, NJ 07853**

**School Principal and Phone Directory for the Washington Township Schools**

**Benedict A. Cucinella School**

Mrs. Melissa Keiser,, Principal ~ Phone: (908) 850-3161; Fax: (908) 684-4874

**Flocktown - Kossmann School**

Mr. Michael Craver, Principal ~ Kossmann School - Phone: (908) 850-1010; Fax: (908) 850-0452;  
Flocktown School - Phone: (908) 852-1376; Fax: (908) 852-0437

**Old Farmers Road School**

Mr. Joseph Ciulla, Principal ~ Phone: (908) 876-3865; Fax: (908) 876-9506

**Long Valley Middle School**

Mr. Mark Ippolito, Principal ~ Phone: (908) 876-3434; Fax: (908) 876-3436

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