



A Classical Education for the Modern World

HOME OR HOSPITAL INSTRUCTION POLICY

The purpose of the Home or Hospital Instruction Policy is to provide academic instruction and support to students who have been or will be absent from school for 10 or more consecutive or cumulative school days during a school year due to a health condition¹. Washington Latin PCS Home or Hospital Instruction program is designed to promote student academic progress, provide academic instruction in core subjects, and special education and related services when applicable, to the greatest extent possible, foster coordination between the student's classroom teachers and the home or hospital instructors, and facilitate the rapid reintegration into classroom instruction when the student returns to school.

LEA Designees:

- James Kelly, Principal, 2nd Street Campus
- Khashiffa Roberts, Principal, Cooper Campus

Washington Latin PCS has designated the following individual to manage Washington Latin PCS' home and hospital instruction program:

- Adlin Brown, Director of Student Support Services, 2nd Street Campus
- Khashiffa Roberts, Principal, Cooper Campus

Eligibility for Home or Hospital Instruction

Any Washington Latin Public Charter School student who has been or is anticipated to be absent from school, on a continuous, partial, or intermittent basis, for 10 or more consecutive or cumulative school days during a school year due to a health condition may be eligible for home or hospital instruction. The following steps must be taken before home or hospital instruction is provided:

- A parent/guardian, or adult student, is responsible for requesting home or hospital instruction. This request may be written or oral and must be submitted to the LEA Designee.
- Upon receipt of a request for home or hospital instruction, the LEA Designee will document and acknowledge the request within 2 school days and will provide the parent with information on how to submit an application requesting home or hospital instruction
 - If the student has a known or suspected disability under Section 504 of the

¹ "Health condition" means a physical or mental illness, injury, or impairment that prevents a student from participating in the day-to-day activities typically expected during school attendance.

Rehabilitation Act ("Section 504") or the Individuals with Disabilities Education Act ("IDEA"), the acknowledgement will include a notice of the parent/student's rights under the IDEA or Section 504.

- The parent must submit a completed application for home or hospital instruction that includes a completed Medical Certification of Need and signed Parent Agreement for Home or Hospital Instruction. The application must include:
 - The student's name, and date of birth;
 - The name of the LEA the student is enrolled in and the name of the student's current school of attendance;
 - The parent's name, address, phone number, and email address;
 - A medical certification of need;
 - The requested start date and duration of home or hospital instruction services;
 - The consent of the parent for disclosure of information contained in or related to the medical certification of need; and
 - The parent's signature.
- Within 5 calendar days of receiving the medical certification of need and parent agreement for home or hospital instruction, Washington Latin PCS will issue a written decision approving or denying the request and explaining the basis for that decision;
 - A request will only be denied if the medical certification of need is missing or incomplete;
 - If a request is denied, the written explanation will state specifically that the basis for the determination was a missing or incomplete application or medical certification of need;
 - If a request is denied, Washington Latin PCS will include in the written decision how the parent may appeal that decision.
 - If a request is approved, the written decision will include a written plan for the delivery of instruction that includes the service delivery location service to be delivered, identification of virtual and/or in-person service delivery as the method of service, identification of the number of hours per week of direct instruction for eligible students according to the medical certification of need, and the schedule for service delivery.

Medical Certification of Need

The medical certification of need must be signed by a licensed physician, licensed nurse practitioner, licensed clinical psychologist, licensed mental health counselor or therapist, or physician's assistant and must include the following:

- The signatory's license number;
- Diagnosed health condition and explanation of how the health condition has caused or is anticipated to cause the to be unable to attend in-school instruction, on a continuous, partial, or intermittent basis, at the student's school of enrollment or attendance for 10 or more consecutive or cumulative school days during a school year;
- Recommendation that student receive home or hospital instruction to the extent permitted by the student's health condition;

- Recommended start date for services;
- Whether there is a maximum number of direct instructional hours that the student may receive per week based on the student's health condition;
- Anticipated duration and frequency of the student's health condition and need for home or hospital instruction;
- Whether the student's health condition is anticipated to cause continuous, partial, or intermittent absence from school.

While home or hospital instruction is being provided, Washington Latin PCS may request updated information related to the student's continued medical need and work with the parent to develop a plan that would permit the student to return to school.

Duration of Home or Hospital Instruction

Approval of home or hospital instruction requests are expected to last no longer than 60 calendar days or the duration estimated in the medical certification of need, whichever is less. A parent may request to extend the program for periods of up to 60 calendar days by submitting a medical recertification of need at least 5 calendar days before the date that the parent desires for the extension to begin.

Proposed Accommodations to Allow Student to Remain in School

Before or after a request for home or hospital instruction is granted, Washington Latin PCS may propose accommodations to allow the student to remain in school but will only proceed with such accommodations if the medical professional that signed the medical certification of need agrees in writing that such accommodations meet the medical needs of the student and permit in-school instruction.

Delivery of Instruction

Home or hospital instruction will begin within 5 school days of the request being approved. Instruction will be provided in core academic subjects to the greatest extent possible. Special education and related services will also be provided to the greatest extent possible in accordance with an IEP or Section 504 Plan.

Instruction will be provided in-person by a home or hospital instructor unless the parent consents to virtual instruction via real-time videoconferencing or asynchronous learning. Instruction may be provided virtually without a parent's consent in the following circumstances:

- During a public health emergency;
- When the student has been diagnosed with a communicable disease;
- When a household member has been diagnosed with a communicable disease, if the student is to receive instruction at home;
- When Washington Latin PCS determines safety concerns prevent the delivery of in-person services; or
- When the student is receiving medical treatment outside of the District of Columbia.

Home or hospital instruction will include a minimum number of hours per week of direct instruction for an approved student based on the medical certification or recertification of need. Additional instruction, special education, and/or related services will be individualized based on student need, the student's schedule and the amount of in-school instruction the student is expected to receive.

Instruction will be provided during regular school hours at times determined by Washington Latin PCS unless the parent and instructor agree otherwise. Failure of students to attend or participate in scheduled sessions will not result in additional time allotted or make-up sessions.

If instruction takes place in the home, the student's parent/guardian is responsible for being home during the entirety of the instructional period. Parent/guardian must be 18 years of age or older. A quiet, designated space must be provided for instruction to occur.

Attendance records will be maintained for a student receiving home or hospital instruction. During the period of home or hospital instruction, the student will be counted as medically excused, except when a student is not available for home or hospital instruction, in which case the student may be counted absent.

A regular program of study and preparation of lessons and materials, by their teachers, is required for each student. Washington Latin PCS will provide content aligned to that being provided in the student's classroom at their school of attendance, including without limitation a nonpublic special education day school or residential facility. Substitute assignments may be provided if regular assignments or activities cannot take place outside of the classroom. In addition to the weekly instructional sessions, the student is expected to complete assignments on his or her own time. Assignments must be completed by the designated due date and are returned to the school for grading. Failure to complete or turn in assignments on time will result in zeros for those assignments and reflected in the grade accordingly. Grades earned during hospital and homebound instruction will be added to any current grades and calculated towards the final grade for the quarter/year. For all content not covered through home or hospital instruction, the student will be given alternative assignments for credit recovery.

For hospitalized students, Washington Latin PCS will work with the hospital to coordinate appropriate services.

If a student with a disability is found eligible for home or hospital instruction, the responsibilities for planning, implementing and monitoring the academic program remain with the student's IEP or 504 team.

Students with Disabilities Under the IDEA

Nothing in this policy shall be construed to supersede the requirements of the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. § 1400 et seq.) with regard to an LEA's obligation to determine the educational placement in the least restrictive environment for a student with a disability under the IDEA.

When a parent makes a request for home or hospital instruction for a student who is suspected of being or is eligible for special education services under the IDEA, the LEA shall:

- (a) Provide the parent with notice of the procedural safeguards under the IDEA defined by 34 CFR § 300.504; and
- (b) Consider whether the request for home or hospital instruction could impact the student's educational placement in the least restrictive environment, and if so, convene a placement determination team to review and revise the educational placement of the student, as appropriate, and to review and revise the student's IEP, as appropriate.

If an LEA convenes a placement determination team to review whether the educational placement of a student with a disability should be changed, the determination and eligibility for home or hospital instruction shall be governed by the IDEA and any applicable District law or regulation governing IDEA rather than the standards in this chapter.

If a student with a disability is placed in home or hospital instruction in accordance with the IDEA, the provision and duration of services shall be governed by the IDEA and any applicable District law or regulation governing IDEA rather than the standards in this chapter.

Application for Home or Hospital Instruction

Washington Latin PCS provides home or hospital instruction to students with health conditions who are unable to attend school for 10 or more consecutive or cumulative school days during a school year. Parents who believe their children may qualify for such services may request home or hospital instruction by completing this application and providing all necessary parts of the application. To apply for home or hospital instruction, parents must complete this application as well as the Parent/Guardian Agreement for Home or Hospital Instruction and submit a complete Medical Certification of Need signed by a qualified medical professional.

Student Name:

Date of Birth:

Grade:

School/LEA:

Parent Name:

Parent Address:

Parent Phone Number:

Parent Email Address:

Requested Start Date: Please indicate when you are requesting for home or hospital instruction to begin and the requested duration for those services:

- Start Date:
- End Date:

Medical Certification of Need for Home or Hospital Instruction

Student Name:

Date of Birth:

Grade:

School/LEA:

*The treating practitioner for the diagnosis related to absences should complete this form. It **MUST be completed by a licensed physician, licensed nurse practitioner, licensed clinical psychologist, licensed mental health counselor or therapist, or physician's assistant, and cannot be completed by any other provider or the parent/guardian.***

Provider Name:

Provider Title:

Provider License Number:

Provider Email Address:

Hospital/Practice Name:

Hospital/Practice Address:

Hospital Practice Phone Number:

1. Please indicate each of the student's relevant diagnoses, and how the student's health condition(s) has caused or is anticipated to cause the student to be unable to attend in-school instruction, on a continuous, partial, or intermittent basis at the student's school of enrollment or attendance for 10 or more consecutive or cumulative school days during a school year:

2. How will the health condition impact the student's ability to regularly attend school (including whether the student's health condition is anticipated to cause continuous, partial, or intermittent absence from school)?

3. Please confirm whether you are recommending that the student receive home or hospital instruction and why:

4. Recommended start date for home or hospital instruction:
5. When will the student be confined to home or hospital (including frequency and duration of expected absences from school and need for home/hospital instruction)?
6. Describe the student's treatment plan (including frequency and duration) and expected return date to the regular educational environment.
7. Describe how the student's health condition will affect their ability to participate in home/hospital instruction (including any limitations that the health condition may cause).
8. Is there a maximum number of direct instructional hours that the student may receive per week based on the student's health condition? If so, what is the maximum?
9. Describe any supports or accommodations that the school could implement to enable the student to attend school.

10. List all prescribed medication(s) the student is taking, the side effects of each, and the impact of the medication(s) on the student's ability to access educational benefit in the school setting.

Physician's Certification: I hereby certify the following:

- **This student is under my care and treatment for the aforementioned condition(s).**
- **The student requires home or hospital instruction and is unable to attend school, on a continuous, partial, or intermittent basis, for 10 or more consecutive or cumulative school days during a school year as a result of their health condition(s).**
- **My recommendation has been made on the medical needs of the patient and not parent preferences.**
- **Any treatment plan that may result in impacts to school attendance is medically necessary.**
- **I understand that this certification is for 60 days or the duration estimated in the medical certification of need, whichever is less; and that I will need to recertify the need for continued home or hospital instruction if the need extends beyond 60 days.**

(Print) Physician's Name

Physician's Signature

Date

Parent/Guardian Agreement for Home or Hospital Instruction

Student Name:

Date of Birth:

Grade:

School/LEA:

Parent Name:

Parent Phone Number:

Parent Email Address:

If my student is approved for Home/Hospital Instruction (HHI), I understand and agree to the following (initial each term below):

____ I will provide a safe, quiet setting for the student and teacher or service provider in my home. This includes securing all animals in another location, refraining from smoking, and minimizing distractions (television off, etc.). If instruction is to occur virtually, I will provide a quiet setting free of distractions and ambient noise, and will communicate with my school regarding any necessary technology required to ensure consistent internet access and virtual participation.

____ I, or another responsible adult, will be present with the student and teacher at all times.

____ I will communicate openly and respectfully with the home/hospital instructor and related staff.

____ I will update all forms upon any change in my student's physician, condition, or treatment plan.

____ I give permission for the physician(s) and school personnel to release and exchange information and records regarding my child's medical condition and instructional program.

____ I agree the LEA's handbook and code of conduct apply to and during HHI.

____ I am aware and accept that not all topics and content areas may be available through HHI.

____ I am aware and accept that the instruction provided during HHI, potentially including the standards, scope, sequence, materials, or assignments, may not be the same as those presented in my student's regular classroom and school setting.

____ I understand and accept that HHI must be reauthorized each 60 days, or sooner based on relevant changes in my child's condition.

If the student will have intermittent or episodic absences:

____ I understand that HHI will only be provided for **excused** medical absences related to the specific medical condition set forth in this application. For an absence to be excused, I understand that I must follow the procedures in the school handbook.

____ I understand that HHI may not take place on the same day my student is absent, unless absences have been planned and scheduled at least three weeks in advance. HHI for unexpected, periodic, or episodic absences will take place within two weeks of the excused absence date.

(Print) Parent/Guardian's Name

Signature

Date

Home/Hospital Instruction Plan - Completed by Team at Meeting

Student Name:

Grade:

Provider Name:

Provider Email Address:

Hospital/Practice Name:

Parent/Guardian Name:

Parent/Guardian Email:

Location for HHI:

Date of Birth:

School/LEA:

Provider Title:

Hospital Practice Phone Number:

Parent/Guardian Phone Number:

1. Date of HHI Team Meeting:

2. HHI Start Date:
days):

HHI End/Review Date (maximum of 60

3. The student's educational program includes (*select all that apply*):

Special Education (IEP)

Section 504 Plan

• English Learner (EL)

• None of the Above

If the student has an IEP or 504 plan, attach a copy of the plan.

4. Frequency and Duration of Instructional Services

| Continuous - delivered during a scheduled, prolonged absence at ___ hours per week

| Periodic - delivered within two weeks of an excused absence* at ___ hours per excused absence

5. Delivery of Related Services (if applicable):

6. Delivery Method of Services

| In Person at (insert home or hospital address):

| Virtual (requires parent/guardian agreement and consent)

7. Content areas and topics or standards to be covered during instruction:

- | | | |
|--|--------------------------|---|
| <input type="checkbox"/> English Language Arts (Reading) | <input type="checkbox"/> | <input type="checkbox"/> English Language Arts (Written Expression) |
| <input type="checkbox"/> Math - specify standard/area: | <input type="checkbox"/> | <input type="checkbox"/> Social Studies - specify topic/area: |
| <input type="checkbox"/> Science - specify topic/area: | <input type="checkbox"/> | <input type="checkbox"/> Other - specify: |

8. School-based Case Manager (staff member responsible for providing work to the instructor and disseminating completed work to teachers for review and grading):

Team Member	Role	Signature

Parent/Guardian Agreement for Home or Hospital Instruction

Student Name:

Date of Birth:

Grade:

School/LEA:

Parent Name:

Parent Phone Number:

Parent Email Address:

If my student is approved for Home/Hospital Instruction (HHI), I understand and agree to the following (initial each term below):

____ I will provide a safe, quiet setting for the student and teacher or service provider in my home. This includes securing all animals in another location, refraining from smoking, and minimizing distractions (television off, etc.). If instruction is to occur virtually, I will provide a quiet setting free of distractions and ambient noise, and will communicate with my school regarding any necessary technology required to ensure consistent internet access and virtual participation.

____ I, or another responsible adult, will be present with the student and teacher at all times.

____ I will communicate openly and respectfully with the home/hospital instructor and related staff.

____ I will update all forms upon any change in my student's physician, condition, or treatment plan.

____ I give permission for the physician(s) and school personnel to release and exchange information and records regarding my child's medical condition and instructional program.

____ I agree the LEA's handbook and code of conduct apply to and during HHI.

____ I am aware and accept that not all topics and content areas may be available through HHI.

____ I am aware and accept that the instruction provided during HHI, potentially including the standards, scope, sequence, materials, or assignments, may not be the same as those presented in my student's regular classroom and school setting.

____ I understand and accept that HHI must be reauthorized each 60 days, or sooner based on relevant changes in my child's condition.

If the student will have intermittent or episodic absences:

____ I understand that HHI will only be provided for **excused** medical absences related to the specific medical condition set forth in this application. For an absence to be excused, I understand that I must follow the procedures in the school handbook.

____ I understand that HHI may not take place on the same day my student is absent, unless absences have been planned and scheduled at least three weeks in advance. HHI for unexpected, periodic, or episodic absences will take place within two weeks of the excused absence date.

(Print) Parent/Guardian's Name

Signature

Date

