

Category: STUDENTS

Issued: 8/5/09

Number: **A-170**

Subject: HOME INSTRUCTION SERVICES

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## **SUMMARY OF CHANGES**

This regulation supersedes and replaces Chancellor's Regulation A-170 dated June 29, 2009.

It sets forth the eligibility criteria, application process and various responsibilities and requirements for the provision of educational services to students who cannot be accommodated in a regular school facility because of a medical/physical condition or a severe emotional/ psychological/behavioral disability.

### Changes:

- Procedures for requesting and implementing home instruction services have been clarified and streamlined.
- Contact information, attachments and formatting have been updated and the subject of the regulation has been shortened.

### ABSTRACT

This regulation supersedes Chancellor's Regulation A-170, *Procedures for Referral to NYC Board of Education for Home Instruction Services*, dated June 29, 2009.

## I. INTRODUCTION

- A. In accordance with Sections 200.6 and 175.21 of the Regulations of the Commissioner of Education of the State of New York, the New York City Home Instruction School provides educational services to students who cannot be accommodated in a regular school facility because of a medical/physical condition or a severe emotional/psychological/behavioral disability and/or a medical/physical condition of their child that prohibits the student's attendance in school. This regulation does not pertain to students who are being home schooled by their parents.
- B. Under specific circumstances and in accordance with standard procedures, school-aged public, private or parochial school students residing in New York City may be authorized by the Department of Education to receive home instruction. In certain cases, the relevant IEP Team may recommend that a student with a disability receive home instruction. If the request for home instruction is approved, instruction is provided by one or more New York City public school teacher(s) at the student's home, or at another place outside of the customary school location.

### 1. GENERAL REQUIREMENTS FOR THE AUTHORIZATION OF DEPARTMENT OF EDUCATION HOME INSTRUCTION

- a. Student must be a New York City resident between the age of 4.9 and 21 years of age who has not previously graduated from and/or been granted a local/regents diploma from a public, private or parochial high school.
- b. Student must have a condition which renders him/her temporarily unable to attend his/her customary school placement for an anticipated duration of at least four weeks. These include: 1) a medical/physical condition, 2) a severe psychiatric condition, or 3) a medical/physical condition affecting the student's child that prevents the child from using LYFE or other day care services. In these cases, students with and without disabilities are expected to return to their prior school placement when the short-term need for home instruction no longer exists.
- c. Requests for Home Instruction for medical/physical conditions on the part of the student or the student's child must include a fully completed Home Instruction Referral Form (see Attachment No. 1), the Medical Request Form (see Attachment No. 2) and a physician's request on official letterhead that includes the diagnosis and expected duration of the condition. These referrals should be submitted directly to the Borough Office of Home Instruction.
- d. Requests for Home Instruction for severe psychiatric conditions must include a fully completed Home Instruction Referral Form (see Attachment No. 1), the Medical Request Form (see Attachment No. 2) and a psychiatrist's request on official letterhead that includes the diagnosis, the reason that the student cannot attend school, and the projected date that the student can return to school. These referrals should be submitted directly to the Guidance Office of the Office of Home Instruction located at 3450 E. Tremont Avenue, Bronx NY 10465.

- e. Home instruction may be recommended by the relevant IEP Team for students with disabilities who have a medical or psychological illness which prevents the student from attending a public or private facility for an extended period of time (i.e., one year or longer). Prior to recommending home instruction as the student's Individualized Education Program (IEP) placement, the IEP Team must review the placement recommendation submitted by a DOHMH or DOE physician or DOE psychiatrist based on their review of documentation submitted by parents and the student's medical providers.
- f. Home instruction may be recommended by the relevant IEP Team for students with disabilities who are awaiting placement in a specialized setting, an SED-approved private school or a residential environment and cannot be maintained in their current setting with the addition of supplementary aids and services while the CSE arranges the placement.
- g. Home instruction may be scheduled either during regular school hours or after school. Elementary school-aged children receive a minimum of five hours of instruction weekly, preferably an hour each day. Secondary school-aged students receive a minimum of ten hours of instruction weekly, preferably two hours daily.

## II. AUTHORIZATION PROCESS FOR HOME INSTRUCTION

- A. Schools should maintain regular contact with the student and family throughout the period when the Home Instruction request is under review. Schoolwork should be sent home to the student while awaiting a determination on whether home instruction will be provided.
- B. The Borough Office or Guidance Office of Home Instruction receives the Home Instruction Referral Form, the Medical Request Form, and the Letter from the physician/psychiatrist. The request is reviewed by a DOHMH or DOE physician or DOE psychiatrist.
  - 1. If the request is approved, the Borough Office of Home Instruction will contact the referring school and student/family directly to schedule commencement of service. If the request is denied, the Borough Office will contact the referring school and the parent or the Committee on Special Education Office by phone and in writing.
  - 2. The referring school should confirm immediately that the student and parent have been informed that the request for home instruction has been denied. All efforts must be made to return the student to the usual school placement immediately.
- C. For students with disabilities, the relevant CSE will arrange the Annual Review meeting with the general and special education teachers in the school with which the student is affiliated and the home instruction teacher.

## III. REQUIREMENTS FOR AUTHORIZED HOME INSTRUCTION SERVICES

- A. The ATS system must reflect that a student has been approved for and admitted to Home Instruction. Each Borough Office is assigned its own district-borough-school number.
  - 1. The previously attended NYC public school will receive a notice of pending discharge. The school will proceed in confirming the discharge using code "00" for "Attending another NYC Public School".
  - 2. NYC private or parochial schools must receive written confirmation of admission to Home Instruction prior to discharging their students. The Borough Office will provide the written confirmation.
- B. Students approved for home instruction must be affiliated with a New York City school. For New York City public school students, this school is the public school the student would otherwise attend. For students attending private or parochial school, this school is the private or parochial school the student would otherwise attend. This is also the school that the student will return to after home instruction has ended.

1. The school of affiliation approves courses of study, maintains academic records including grades, credits and test scores, and provides the Home Instruction teacher with access to school curriculum and required texts. The school also maintains the student's health and immunization records, issues diplomas and oversees standardized testing and evaluation, if applicable.
  2. Students who are admitted to Home Instruction are expected to meet the same academic criteria as set forth in the standards for promotion for each grade and for special education.
- C. A Home Instruction teacher will be assigned through the Borough Office of Home Instruction after the approving authority has authorized the service. The Home Instruction teacher maintains a collaborative and cooperative relationship with the affiliated school to ensure a quality instructional program throughout the student's enrollment in Home Instruction.
- D. For instruction that is provided in the student's home, an adult chaperone must be present throughout all Home Instruction sessions. For those students whose child's medical/physical condition has required home instruction for the student, an adult, other than the student parent, must be responsible for the care and supervision of the child throughout all Home Instruction sessions.

#### IV. INQUIRIES

Inquiries pertaining to this regulation should be addressed to:

Telephone: 718-794-7200	<i>Principal</i> <i>Home Instruction School Office</i> N.Y.C. Department of Education 3450 East Tremont Avenue Bronx, NY 10465	Fax: 718-794-7232
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Questions about Home Instruction policies, practices, and procedures should be directed to the Supervisor of the appropriate Borough Office of Home Instruction as listed below:

##### **Manhattan Home Instruction**

(75-M-501)  
250 West Houston Street, Room 212  
New York, NY 10014  
Telephone: (646) 486-3557  
Fax: (646) 486-3556

##### **Queens Home Instruction**

(75-Q-504)  
142-10 Linden Blvd, Room 226  
Jamaica, NY 11436  
Telephone: (718) 529-0266, 0269, 0282  
Fax: (718) 529- 0292

##### **Bronx Home Instruction**

(75-X-502)  
470 Jackson Avenue, Room 114  
Bronx, NY 10455  
Telephone: (718) 742- 0972, 0976  
Fax: (718) 742-1792

##### **Staten Island Home Instruction**

(75-R-505)  
155 Tompkins Avenue – Room 119  
Staten Island, NY 10304  
Telephone: (718) 447-4447, 273-8123  
Fax: (718) 447-0837

##### **Brooklyn Home Instruction**

(75-K-503)  
360 36<sup>th</sup> Street – Rooms 301, 308  
Brooklyn, NY 11232  
Telephone: (718) 499-0636, 1078  
Fax: (718) 499-2305, 3157

**HOME INSTRUCTION REFERRAL FORM**

This application MUST include a doctor's note indicating the medical condition and an estimated duration of Home Instruction placement. Please fill in all requested information. The accurate completion of this application will expedite placement.

OSIS# : \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_ Apt.: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

**COMPLETE THIS SECTION FOR HIGH SCHOOL STUDENTS ONLY**

School: \_\_\_\_\_ District: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Grade: \_\_\_\_\_

Grade Advisor: \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_

Course titles on current program:

_____	_____
_____	_____
_____	_____
_____	_____

Indicate RCT/REGENTS to be taken (January or June): \_\_\_\_\_

Name, room number, and telephone or school official to be contacted by Home Instruction teacher:

Name: \_\_\_\_\_ Room: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

Application completed by: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

Special Alerts or additional information: \_\_\_\_\_

\_\_\_\_\_

**Emotional/Behavioral/Psychological Conditions**

Send psychiatrist's documentation for emotional/behavioral/psychological conditions to the Home Instruction Guidance Office at 3450 E. Tremont Avenue, Bronx, NY 10465 or fax it to (718) 794-7232.

**Medical/Physical Conditions**

Send this completed form to the Borough Office of Home Instruction for medical/physical conditions. Please see the addresses and fax numbers on Page 3 of 4 in Chancellor's Regulation A-170. **IMPORTANT – If the student has an IEP, please send/fax it with this form /documentation.**

**MEDICAL REQUEST FOR HOME INSTRUCTION**  
**(TO BE COMPLETED BY TREATING PHYSICIAN)**

\_\_\_\_\_ is under my care for \_\_\_\_\_  
(Student's Name/DOB) (Diagnosis)

**OR**

\_\_\_\_\_ is under my care for \_\_\_\_\_  
(Student's Child's Name) (Diagnosis)

**What limitations does this diagnosis cause?** (e.g., severely limits ambulation)

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

**How does this limitation affect the student's ability to attend school?** (e.g., increases risk of fractures.)

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

**Expected duration of the limitation (number of weeks):** \_\_\_\_\_

**Additional Comments: (please attach additional sheets as needed)**

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

I request home instruction to be provided for \_\_\_\_\_ weeks (maximum of 4 weeks without medical reauthorization).\*

**I can be reached at: Tel. (\_\_\_\_) \_\_\_\_\_ and/or Beeper (\_\_\_\_) \_\_\_\_\_**

**on Mon. \_\_\_\_\_ (hrs); Tues. \_\_\_\_\_ (hrs); Wed. \_\_\_\_\_ (hrs); Thur. \_\_\_\_\_ (hrs); Fri. \_\_\_\_\_**

Provider's *Original* Signature: \_\_\_\_\_ License #: \_\_\_\_\_

Print Name/Degree: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT CONSENT FOR RELEASE OF MEDICAL INFORMATION**

Please complete the attached Authorization for Release of Health Information Pursuant to HIPPA. This form is necessary in the event additional information is required from your physician to approve the request for Home Instruction.

**FOR SCHOOL USE ONLY**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID #: \_\_\_\_\_

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

\*Hours of instruction for Grades K-6 are 5 hours per week and 10 hours per week for Grades 7-12.