

Homebound Instruction Procedures

Medical

1. The parent/guardian informs the school that their child has a medical condition which may prevent them from attending regular classes for at least 10 consecutive days.
2. The building administrator or designee provides the parent/guardian with the application and physician's statement.
3. Once the parent has turned in the completed paperwork, the building administrator or designee reviews the application.
4. If the building administrator approves the application, they sign it and forward it to the Director of Special Education/Student Services for final approval.
5. If the Director of Special Education/Student Services approves the application, they sign it and return the application to the building administrator or designee.
6. The building administrator or designee makes arrangements for a tutor to meet with the student on a schedule agreeable to the tutor and parents. The tutor is hired and supervised at the building level.
7. A copy of the approved application is given to the parent.

Disciplinary

1. The building administrator or designee offers the parent/guardian tutoring as an alternative education program for their child during their suspension/expulsion.
2. If the parent/guardian accepts this option, the building administrator or designee completes the application, signs and forwards it to the Director of Special Education/Student Services for final approval.
3. If the Director of Special Education/Student Services approves the application, they sign it and return the application to the building administrator or designee.
4. The building administrator or designee makes arrangements for a tutor to meet with the student on a schedule agreeable to the tutor and parents. The tutor is hired and supervised at the building level.

Tutoring Guidelines

1. The tutor should cover the basic academic courses (i.e., math, language arts, social studies, etc.).

2. Tutors can be found from the substitute teacher list, early retirement list, or regular teaching staff.
3. The district will approve up to six hours per week depending upon the student's specific need for tutoring: five for actual instruction and one for preparation, planning and travel.
4. The tutor will be remunerated at the curriculum rate.
5. The tutor will complete a licensed exception time sheet that indicates the name of the student at each tutoring session. The building administrator will review and sign the tutor's time sheet.

Tracking

At the beginning of the tutoring placement the building secretary will assign the student to a new calendar in eschool+, either I (for instruction), 0 (for no school calendar) or Z (for zero). The secretary will also flag "Tutorial" on the OR Demographics page, using the date of the first tutoring session.

The secretary will track the total number of tutoring hours received by each student, using the tutor's monthly time sheet. This information is entered quarterly in eschool+ for inclusion in ADM reimbursement.

When the tutoring placement has terminated, the secretary will return the student to the building calendar (if re-enrolling) and input the date of the final tutoring session under "Tutorial" on the OR Demographics page.

**HOOD RIVER COUNTY SCHOOL DISTRICT
Hood River, Oregon**

APPLICATION FOR HOMEBOUND INSTRUCTION/TUTOR

In the case of medical absence, the approximate length of absence from school shall be indicated by the physician. On the expiration of the indicated date, another statement will need to be signed by the physician for continuance of tutoring.

Student Information

Student Name:	
Age/Grade:	School:
Number of days absent this year to date:	
Reason for non-attendance, requiring tutoring:	
Parent's Name:	
Home phone:	Work phone:
Requested Date Home Instruction to Begin:	Date Home Instruction Expected to End:

Parent/Guardian Statement

We hereby make application and agree to the specifications that our child receive tutoring for the recommended time, and that tutoring will be provided upon satisfactory cooperation of the student and parent/guardian, and that the student will return to school:

- Immediately upon recovery or at the time indicated by the physician, whichever is of earlier date; or
- At the end of the suspension/expulsion.

We shall cooperate with the tutor and help our child with study habits and other directions of the tutor.

Signed:

Signature of Parent(s)/Guardian(s)

Date

Approved: Building Administrator

Date

Approved: District Administrator

Date

HOOD RIVER COUNTY SCHOOL DISTRICT
Hood River, Oregon

PHYSICIAN'S VERIFICATION FOR HOMEBOUND INSTRUCTION/TUTORING
PHYSICIAN'S STATEMENT

Student Name:		
Project length of absence:	Beginning date of absence:	
1. The student cannot attend school because:		
2. Can the student attend school part of the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:		
3. Is the student on medication which would prohibit or restrict tutoring? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:		
4. Is the student contagious or in danger of infecting the tutor? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:		
5. Are there any limitations which would affect the proposed tutoring? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain:		
_____ Printed Name of Physician	_____ Signature of Physician	_____ Date
Physician phone:		

