



**Kankakee School District #111**

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# Kankakee School District #111 Homebound Manual

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Approved by Nate McCue

## Table of Contents

- I. Introduction
- II. Eligibility
- III. Instruction
- IV. Referral Procedures
- V. Required Forms
- VI. Staff Eligibility
- VII. Assignments & Grading
- VIII. Course Offerings
- IX. Payment Procedures
- X. Non-Medical Home Tutoring
- XI. Appendix Forms:
  - A. ISBE Medical Certification for Home/Hospital Instruction
  - B. School Authorization and Student Instruction Verification
  - C. Authorization for Services and Exchange of Confidential Education & Health Information
  - D. Guidelines for Homebound Services
  - E. Medical Homebound Timesheet
  - F. Hospital Plan Report Card
  - G. School Re-entry Form

## **I. Introduction**

Kankakee School District #111 provides a program of instruction for school-aged students who are unable to attend classes due to injury or illness. Students receiving Home/Hospital Services remain the responsibility of their home school. The goal of Home/Hospital instruction is to afford the student experiences equivalent to those afforded to other students at the same grade level and are designed to enable the student to return to the classroom. Thus the substance or content of the instruction, generally academic, is to enable the student to remain synchronized with the other students in his or her class.

## **II. Eligibility**

Section 14-13.01(a) of the School Code indicates that a student is eligible for Home/Hospital Services if there is an anticipated absence for 10 consecutive school days or more, or on an ongoing intermittent basis. An "ongoing intermittent basis" means that the student's medical condition is of such a nature or severity that it is anticipated that the student will be absent from school, due to the medical condition, for periods of at least 2 days at a time, multiple times during the school year totaling at least 10 days or more of absences. The fact that the student is anticipated to be absent for an extended period, must be substantiated by a licensed physician and the Homebound application must be completed and turned in to the Homebound/Hospitalization Coordinator's office housed at Avis Huff, Student Support Services Building. To be eligible to receive Homebound instruction the student must be enrolled in a public school within Kankakee School District #111 and be under the care of a licensed physician (medical doctor, psychiatrist, etc.). Before a student is considered for Home/Hospital Services, it is the responsibility of the student's home school to explore all less restrictive options available in order to allow the student to attend school. Such options may include, but are not limited to, a Section 504 Accommodation Plan, a shortened school day, or the utilization of technology.

## **III. Instruction**

### **A. General Education Students**

For elementary through high school general education students deemed eligible for Home/Hospital Service, the District will provide a minimum of one hour of instruction each school day or a minimum of 5 hours of instruction in each school week unless otherwise directed by the certified attending physician. Homebound instruction may commence upon receipt of a written physician's statement, but instruction shall commence no later than 5 school days after the school district receives the physician's statement.

General education students in high school are provided instruction through a traditional tutorial model. However, other options may be considered, based on the current courses the student is taking and the course content. These options could include computer based instruction such as APEX, problem based learning projects, or other alternatives appropriate for the student's needs. Computer-based instruction is provided through an internet-based program, software, and e-mail system. The student is required to have an active Internet connection to participate in this type of course. Kankakee School District #111 does not provide computers or internet access to homebound students.

### **B. Special Education Students**

Home/Hospital services are determined by the IEP or 504 teams at the time of the IEP or 504 meeting to place the student on Home/Hospital services. The amount of instruction is dependent on the student's educational needs as well as the nature of the identified health issues and the impact of the health issues on the student both psychologically and physically. The amount of instruction time cannot be less than one hour per school day, per week, unless otherwise directed by the certified attending physician.

## **IV. Referral Procedures**

### **IV. Referral Procedures**

#### **A. Referral Procedure for Homebound Instruction**

If the parent/guardian anticipates that their child/student will be absent for 10 days or more or intermittent consecutive school days, due to significant illness, they may initiate an application for Home/Hospital Services.

1. The application for homebound instruction will be obtained from the Home/Hospital Coordinator's office, located at Avis Huff Student Support Services building.
2. The Home/Hospital Coordinator must complete Section 1.
3. The physician treating the illness completes Section 2. The reason for the referral and anticipated treatment must be outlined by a physician licensed in Illinois to perform services in the area of impairment. Homebound services cannot exceed the current school year.
4. The completed form must be received, by the Home/Hospital Coordinator, before services can be initiated.

#### **B. Additional Procedures for Students in Special Education**

Specific procedures and criteria have been established for changing the placement of a student with special education needs from the serving school to the Home/Hospital setting. Consideration by the IEP team to remove a student should occur only when the nature and severity of the medical impairment is such that education in the school setting cannot be achieved with the use of accommodations, modifications, and/or supplementary aids and services. Homebound instruction is the most restrictive educational environment offered by the school district. Every effort must be made to maintain instruction in the school setting before identifying a Home/Hospital placement.

##### **1. Appropriate Procedures for an IEP or 504 students for Home/Hospital Services**

- a. Upon request for a Home/Hospital Services application, the Home/Hospital Coordinator will notify IEP Coordinator and Administration of possible change of placement for IEP/504 students.
- b. After the receipt of a completed Home/Hospital application, the IEP coordinator initiates an IEP or 504 meeting. The IEP Coordinator will gather the required information and team members for this meeting. The serving school is responsible for inviting all required members of the IEP/504 team and distributing all necessary notifications.
- c. The IEP/504 team should review the entire IEP or 504 documents to determine if Home/Hospital services are appropriate. If so, placement will be changed. A decision must be made regarding the provision of related services during Home/Hospital placement. The IEP/504 team will decide if related services may or may not be necessary during the Home/Hospital placement. Related services providers, or designee with similar credentials must attend the meeting. If the service provider is unable to attend, they are to provide written documentation of their recommendation for services during Home/Hospital services for the IEP team's consideration. The designee can review the written documentation and make recommendations at the meeting.
- d. Upon completion of the IEP/504 meeting the IEP/504 paperwork is sent to the Home/Hospital Coordinator and the homebound teacher for goal updates.
- e. Please note that when the student returns after Home/Hospital instruction, another IEP meeting must take place to determine services that the student will receive after she/he returns.

## 2. Hospitalization Procedure

- a. When a student is enrolled in a Hospital Program, the Home/Hospital Coordinator will contact the home school administration and staff to notify them of placement and request assignments.
- b. The social worker will begin the School Re-Entry Form process.
- c. The Home/Hospital Coordinator will collect and disseminate the assignments to the serving hospital.
- d. The hospital educator will instruct the student while in treatment. *Because of the therapeutic environment within the hospital, academic work should be modified and students should be accommodated according to the standards necessary to be met for the units of study covered during their absence. The serving school teacher(s) are responsible for grading all work and assigning the grades.*
- e. *At the junior high and high school levels, guidance counselors will be responsible for working with teachers to make sure that students are accommodated and grades are modified accordingly.*
- f. *Every effort will be made to make the hospital educator available for consultation about grades and progress to the classroom teacher.*

## V. Required Forms

In order to initiate Home/Hospital Services the following forms must be returned to the Home/Hospital Coordinator at Avis Huff Student Support Services Building. See appendix for required forms.

ISBE Medical Certification for Home/Hospital Instruction  
School Authorization and Student Instruction Verification  
Authorization for Services and Exchange of Confidential Health and Educational Information  
Guidelines for Homebound Services

## VI. Staff Eligibility

Teachers must hold a valid and active State of Illinois Teaching Certificate This certificate must be on file in the Human Resources Department at Lincoln Cultural Center. An email will be sent out to certified staff asking for eligible teachers for homebound services. A list of eligible teachers will be compiled based on the responses from this email. Special Education teachers must be assigned to students with an IEP.

Teachers will be rotated from the available pool; however, priority may be given in cases when a particular certification or skill (bilingual competency, special education, advanced content, etc.) is required. No teacher shall be assigned more than two students at a time (preferably only one), unless student needs require it.

## VII. Assignments & Grades

1. When all forms are received by the Home/Hospital Coordinator, the appropriate administration and staff will be notified that the student will be receiving Home/Hospital services. This includes the duration of time and teacher assigned.
2. The School re-entry process will be initiated by the social worker assigned to the student.
3. An electronic copy of the homebound application will be scanned in and put in student file.
4. Relevant staff will be notified of the need for books, assignments, and **answer keys** for each class. The teacher must have books, assignments and materials ready within **three days of the initial request**. The homebound teacher will be responsible for picking up books, assignments, and materials.
5. The Home/Hospital Coordinator will be responsible for gathering, delivering and returning assignments and materials for students placed in the hospital setting.

6. The request for Home/Hospital materials, to the classroom teacher, will cover the duration of the homebound absence and may vary based on the needs of the classroom teacher, homebound teacher and student.
7. ***Because Home/Hospital Services provide, in most cases, 1 hour of instruction per day, the scope and sequence of material covered will be limited. This will impact the student's ability to perform on examinations. Again, the teacher should take this into consideration when assigning final grades.***
8. When a student is hospitalized, the assignments that are completed will be returned to the building by the Home/Hospitalization Coordinator. The classroom teachers will be responsible for grading the material and assigning a grade. ***It is important to remember that the student is on Home/Hospitalization services for medical concerns.***
9. ***Work should be modified and students should be accommodated according to the standards necessary to be met for the units of study covered during their absence.***
10. ***It is the responsibility of the classroom teacher to go over these standards upon the students return and grade them according to this mastery as opposed to the amount of work they have completed.***
11. ***Every effort will be made to make the hospital educator available for consultation about grades and progress to the classroom teacher.***
12. ***Students are not to be assigned zeros for any work while they are on medical leave.***
13. ***The school re-entry process should be used to address any concerns. At the junior high and high school levels, the guidance counselor should facilitate academic concerns and monitor grades once the student has returned.***
14. The homebound teacher will update the classroom teacher bi-weekly about the student's progress and need for more work.
15. If a student is on homebound, the homebound teacher will grade the work provided by the classroom teacher, and be responsible for assigning a grade. A copy of the grade sheet will be given to the Home/Hospital Coordinator and then emailed to the classroom teacher.
16. The classroom teacher will need to average these grades with the student's other grades.
17. For IEP/504 students, the homebound teacher will receive a copy of the IEP/504 plan indicating Home/Hospital Services so they are aware of goals and objectives for the student.
18. The homebound teacher for students with IEP/504 students will be responsible for sending student updates to the IEP and Home/Hospital Coordinators.

## **VIII. Course Offerings**

1. Subjects, such as laboratory courses, will be carefully reviewed by the homebound tutoring office, counselor, classroom teacher, and/or special education program administrator (if applicable) to determine the feasibility of instruction for specific courses. Courses given special review include, but are not limited to: Keyboarding, Chemistry, Computer/Keyboarding, and Driver's Education.
2. Students receiving Home/Hospital Services who have courses at the Kankakee Area Career Center require the input of their Career Center instructor(s) to determine whether the course may be adapted for Home/Hospital Services. Some classes may be appropriately continued while on medical leave.

## **IX. Payment Procedures**

1. Homebound instruction will consist of one hour of direct instruction for each school day, as determined by school calendar. IEP students may have altered instruction time as determined by the physician or IEP Team.
2. Homebound teachers are paid for instructional time. If student is not present at predetermined time and place, the teacher may not bill the district for that session. Therefore, it is recommended that the student or parent/guardian be contacted prior to making a home visit. If a student does not attend a scheduled session, it is not made up. If the teacher is ill and does not attend a session, the instruction time should be rescheduled.
3. The teacher is required to have the parent/guardian sign the Kankakee School District #111 Medical Homebound Time Sheet each day that instruction takes place and at the end of the pay period.

4. The Kankakee School District #111 Medical Homebound Timesheet and Non-Medical Home Tutoring Timesheet is submitted to the Home/Hospital Coordinator, twice monthly before the cutoff date listed on the back of the timesheet.
5. Delays in submitting time sheets will result in a delay of payment.
6. The rate of pay is determined by the Kankakee School District Teacher's Union Contract.

## ***X. Non-Medical Home Tutoring***

In rare situations, Non-Medical Home Tutoring is necessary. The Non-Medical Home Tutoring form can be obtained from Mary Kilbride, Homebound Coordinator. The form will be completed by building administration and submitted to Mary Kilbride, Home/Hospital Coordinator and submitted for approval by Mr. McCue. It will be processed in the same manner as Medical Homebound. There is a separate Non-Medical Home Tutoring Report Card and Timesheet.

## ***XI. Appendix***

- A. ISBE Medical Certification for Home/Hospital Instruction
- B. School Authorization and Student Instruction Verification
- C. Authorization for Services and Exchange of Confidential Education & Health Information
- D. Guidelines for Homebound Services
- E. Medical Homebound Timesheet
- F. Home/Hospital Plan Report Card
- G. School Re-Entry Form

**ILLINOIS STATE BOARD OF EDUCATION**

Special Education Services Division  
100 North First Street, N-253  
Springfield, Illinois 62777-0001

**MEDICAL CERTIFICATION FOR HOME / HOSPITAL INSTRUCTION**

**INSTRUCTIONS:** Complete this form and retain on file in the local school district. Do not submit this form to the State Board of Education, but make this form available for auditing purposes.

Students may need to be educated temporarily away from the school building due to a medical condition (physical or mental). When a student needs to be away from the school building for a minimum of two or more consecutive weeks of school or ongoing intermittent absences totaling 10 or more school days, the student may be eligible for instruction at home or in a hospital (or other setting) by a qualified teacher. (34 CFR 300.39 and 300.115 and Section 14-13.01 of the school code [105 ILCS 5/14-13.01(a)] and ISBE Rule 228.300). It is not necessary for the student to have an IEP or 504 plan to qualify, although either may be created depending on student need and school procedures.

Parents: Please return this form to your child's school district promptly as services cannot be started until medical information is received. Upon receipt of medical certification, the school district will provide home/hospital services for an eligible student.

\*\*It should be noted that a child receiving homebound services is not eligible to participate in extra-curricular activities as defined in the Parent/Student Handbook.

**SECTION 1 – THIS SECTION FOR SCHOOL DISTRICT USE ONLY**

NAME OF STUDENT (Last, First, Middle)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	GRADE
STUDENT ADDRESS (Street, City, State, Zip Code)	NAME OF STUDENT PARENT OR GUARDIAN	
STUDENT DATE OF BIRTH	TELEPHONE OF STUDENT PARENT OR GUARDIAN (Include Area Code)	
DISTRICT NAME AND NUMBER	SCHOOL NAME	
DISTRICT ADDRESS (Street, City, State, Zip Code)	SCHOOL ADDRESS (Street, City, State, Zip Code)	
DISTRICT TELEPHONE (Include Area Code)	SCHOOL TELEPHONE (Include Area Code)	

**SECTION 2 – TO BE COMPLETED BY PHYSICIAN LICENSED TO PRACTICE MEDICINE IN ALL ITS BRANCHES (M.D. or D.O.):**

**DIAGNOSIS** (Please fill in the following):  
 Disease/Injury/Surgery (Primary diagnosis) \_\_\_\_\_  
 If disease, is the disease communicable?  Yes  No If yes, please provide instruction to school staff in the space below labeled "Special Recommendation to Teachers"  
 Drug/Alcohol Treatment \_\_\_\_\_  
 Pregnancy (Including Postpartum) \_\_\_\_\_  
 Mental Health/Emotional Health \_\_\_\_\_  
 Other (Please describe) \_\_\_\_\_

I certify that this student is unable to attend public school and is medically eligible and physically able to be enrolled in the following program

(Check (✓) one only)  Home Instruction  Hospital Class or bedside

The physician must estimate that the student will need the home or hospital instruction for a minimum of 10 school days this school year. The time may be longer than 10 days; if unable to determine approximate length of time, physician may estimate 'through end of school year' as long as the time period is at least 10 days.

Estimated length of time student will need home or hospital instruction this school year, if possible.

Date Homebound should start: \_\_\_\_\_  
 Date student should return: \_\_\_\_\_

Special Recommendation to Teacher concerning diet, rest, exercise, positioning, etc.

\_\_\_\_\_  
 Type or Print Name of Physician

\_\_\_\_\_  
 Physician Contact Telephone Number (Include Area Code)

**SCHOOL DISTRICT USE ONLY:**

Date home or hospital instruction began: \_\_\_\_\_

\_\_\_\_\_  
 Original Signature of Physician

\_\_\_\_\_  
 Date





Mary Kilbride, District Homebound Coordinator  
 Phone: (815) 802-7804  
 Fax: (815) 933-0695  
 Email: [mary-kilbride@ksd111.org](mailto:mary-kilbride@ksd111.org)  
 Avis Huff Student Support Services

Homebound/Hospitalization Application  
 School Authorization and Student Instruction Verification

**To be completed by School official:**

<u>Period</u>	<u>Subject</u>	<u>Current Grade</u>	<u>Teacher</u>

**Student Name** \_\_\_\_\_  
**Guidance Counselor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**School Administrator Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

All blanks must be filled in. Please return form to student’s school. School please copy the application and forward to Homebound Coordinator located at Avis Huff.



Mary Kilbride, District Homebound Coordinator  
 Phone: (815) 802-7804  
 Fax: (815) 933-0695  
 Email: [mary-kilbride@ksd111.org](mailto:mary-kilbride@ksd111.org)  
 Avis Huff Student Support Services

Authorization for Service and Exchange of Confidential Educational and Health Information

Student Name \_\_\_\_\_ DOB: \_\_\_\_\_

And Doctor/Agency \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

This requested information will be used for the purposes of Educational Evaluation/Programming and Health Assessment and planning for Health Care Services and treatment in school.

The requested information consists of:

- \_\_\_\_\_ All School Records
- \_\_\_\_\_ All special Education Records
- \_\_\_\_\_ Specific Records:
  - \_\_\_\_\_ Psychiatric Evaluations
  - \_\_\_\_\_ Psychological Evaluations
  - \_\_\_\_\_ Attendance Reports
  - \_\_\_\_\_ Medical-Physical and Immunizations
  - \_\_\_\_\_ Medical Information/Records
  - \_\_\_\_\_ Social History
  - \_\_\_\_\_ Speech/Language Therapy
  - \_\_\_\_\_ Physical Therapy Evaluations
  - \_\_\_\_\_ Occupational Therapy Evaluations
  - \_\_\_\_\_ Other (Specify): Any medical information

regarding \_\_\_\_\_  
homebound services.

Authorization:

I \_\_\_\_\_ hereby consent to my child's participation in Home/Hospitalization services with District #111.  
 This authorization is in effect through \_\_\_\_\_ (not to exceed one year). I understand that I may withdraw this authorization at any time by submitting a notice. I recognize that health records, once received by the school district, may not be protected by the HIPPA Privacy Act, but will become education records protected by the Family Educational Rights and Privacy Act.

\_\_\_\_\_  
 Parent/Guardian/Surrogate

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Student (if 18 years or older)

\_\_\_\_\_  
 Date



Mary Kilbride, District Homebound Coordinator  
 Phone: (815) 802-7804  
 Fax: (815) 933-0695  
 Email: [mary-kilbride@ksd111.org](mailto:mary-kilbride@ksd111.org)  
 Avis Huff Student Support Services

## Guidelines for Homebound Services

- 1.) A parent, guardian, or other adult (18 years or older) must be home for the entire duration of the homebound teacher's visitation.
- 2.) Homebound teachers are guaranteed a smoke, liquor, and drug-free environment. When the homebound teacher is present, these conditions must be adhered to, or arrangements must be made for instruction to occur at another location.
- 3.) The homebound teacher will not enter the home when the student or any member of the family has a contagious disease. It is the responsibility of the parent/guardian to inform the homebound teacher of the illness as a courtesy. Similarly, the homebound teacher will not come if he/she is sick.
- 4.) Teachers will not enter the home if pets are loose. Pets should not have access to the instructional area. Service animals are an exception.
- 5.) Visitors, phone calls, television, radio, and other disruptions that draw the attention of the student and the teacher away from the instructional activity will not be allowed in the instructional area during the scheduled homebound visits.
- 6.) If the parent/guardian or student is not home when the homebound teacher arrives for a scheduled visit the student will receive an unexcused absence. Unexcused absences will not be made up by homebound teacher. However, excused absences of student or homebound teacher will be made up. We encourage parent/guardian and homebound teacher to determine a contact system so that the homebound teacher is aware that student will be absent.
- 7.) The homebound teacher will, to the extent possible, follow the student's course of study and/or IEP.
- 8.) Students will remain enrolled in their school of attendance while receiving Home/Hospital Services.
- 9.) Students will return to their school of enrollment and attendance when the homebound application terminates or is revised by the original physician.
- 10.) Student grades will be given to the student's school of attendance within five (5) days of leaving Home/Hospital Services.
- 11.) Student's responsibilities: The student, as recipient of the homebound services will:
  - a. Prepare him/herself for the instructional period
  - b. Be attentive during instruction
  - c. Complete homework assignments between instructional periods
  - d. Communicate with instructor and parents if his/her health is interfering with effective instruction
- 12.) Student Activities: Because the homebound and/or hospital instructed student is not able to attend regular classes, it is presumed that they are unable to attend extracurricular activities. However, if there are extraordinary circumstances which would make him/her eligible to attend such activities, we ask the parents or guardians of the student to contact the building administrator.

I understand and accept these non-negotiable rules of Home/Hospital Services. Furthermore, I understand that failure to honor these rules could be cause for temporary discontinuation of Homebound Instructional Services.

Parent/Guardian	Date
Student	Date
Teacher	Date



Mary Kilbride, District Homebound Coordinator  
 Phone: (815) 802-7804  
 Fax: (815) 933-0695  
 Email: [mary-kilbride@ksd111.org](mailto:mary-kilbride@ksd111.org)  
 Avis Huff Student Support Services

Medical Homebound Timesheet

This form must be either hand delivered or sent by courier to the Homebound Coordinator prior to the pay period deadline. FAXES WILL NOT BE ACCEPTED. **All signatures must be original.**

Period Ending \_\_\_\_\_ Teacher  
 Name \_\_\_\_\_

\_\_\_\_\_ Student  
 Name \_\_\_\_\_

Checked/Approved by \_\_\_\_\_

10-1213-11200-0-0 \_\_\_\_\_

Date	Parent Signature	From	To	Hours	Comments

Total Required Hours \_\_\_\_\_

Total Hours X Rate = Total Pay

Total Actual Hours \_\_\_\_\_

\_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

Are there teacher absences to be made up?

Yes No

If yes, state number of hours \_\_\_\_\_  
 dates

I verify that the instruction occurred on the  
 and times specified above.

It is the responsibility of the homebound instructor to notify the Homebound Coordinator of any problems scheduling times for homebound services.

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



Mary Kilbride, District Homebound Coordinator  
 Phone: (815) 802-7804  
 Fax: (815) 933-0695  
 Email: [mary-kilbride@ksd111.org](mailto:mary-kilbride@ksd111.org)  
 Avis Huff Student Support Services

Medical Homebound Report Card

Student Name \_\_\_\_\_ ID# \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Current Teacher \_\_\_\_\_

Date Homebound Instruction Began \_\_\_\_\_

End Date \_\_\_\_\_

Physicians Diagnosis \_\_\_\_\_

Current Educational Status \_\_\_\_\_

Academic Needs \_\_\_\_\_

Course	1 <sup>st</sup> Qtr	2 <sup>nd</sup> Qtr	Final Exam	1 <sup>st</sup> Sem Final	3 <sup>rd</sup> Qtr	4 <sup>th</sup> Qtr	Final Exam	2 <sup>nd</sup> Sem Final

Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please turn original grade sheet in to Homebound Coordinator- Mary Kilbride at Avis Huff Student Support Services  
 Located at 369 N Fifth Ave.by courier or in person. Thank you.



Mary Kilbride, District Homebound Coordinator  
 Phone: (815) 802-7804  
 Fax: (815) 933-0695  
 Email: [mary-kilbride@ksd111.org](mailto:mary-kilbride@ksd111.org)  
 Avis Huff Student Support Services

### School Re-Entry Plan Checklist\*

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Directions: This tool is intended to help guide teams in thinking through a successful school re-entry plan following extended absence from school and/or psychiatric hospitalization. Plans will vary based on each student's needs.

Were all key people involved in developing plan?	Yes/No? _____	Indicate people involved in process, including titles: ___ Student _____ Educational Psych. _____ ___ Parent(s) _____ EW Officer _____ ___ Hospital Rep _____ HSC Liaison _____ ___ Social Worker _____ Classroom Teacher(s) _____ ___ School Administrator _____ Nurse ___ Community therapist _____ Special Ed Teacher _____ ___ Others as appropriate (please specify): _____	Notes:
<b>PRIOR to SCHOOL REENTRY:</b>			
Staff member designated as Case Manager	Date completed:	Name of Case Manager	
Case Manager contacts inpatient staff & parent(s)	Date completed:	Person(s) contacted:	Summary of contact:
<b>Assess student re-entry needs</b>			
Does student have academic needs?	Yes/No?	What are they?	
Does student have social/emotional needs?	Yes/No?	What are they?	
Does student have physical needs?	Yes/No?	What are they?	
<b>Assess family re-entry needs</b>	<i>Assess family re-entry needs</i>	<i>Assess family re-entry needs</i>	
Help link to community therapist	Date completed:	Person(s) responsible:	Name of Community Therapist and contact info.
Help link to school/social support	Date completed:	Person(s) responsible:	What supports were offered?

Help student develop plan for answering questions/comments by staff and peers about absence	Date completed:	Person(s) responsible:	Plan:
Help student develop plan for possible "rough" situations; determine whether school crisis plan needs to be adapted	Date completed:	Person(s) responsible:	Plan:
Contact hospital staff to determine interventions needed to promote student adjustment, stress management	Date completed:	Person(s) responsible:	Interventions needed:
Determine policy for missed work, grading	Date completed:	Person(s) responsible: (guidance counselor)	Plan:
Schedule discharge staffing- if staffing cannot happen- SW should meet with at least student before re-entry and communicate results to teacher/administration/family	Date completed:	Person responsible:  Persons included in staffing:	Summary of staffing:
Inform teacher(s) about absence	Date completed:	Person responsible: (HB/H Coordinator)	Duration of Absence:
Inform teacher(s) about symptomatology	Date completed:	Person responsible:  Persons contacted:	Summary of communication:
Inform teacher(s) of medications and side effects	Date completed:	Person responsible:  Persons contacted:	Summary of communication:

Inform teacher(s) of behavioral strategies/accommodations to promote student transition	Date completed:	Person responsible: (guidance counselor)	Accommodations:
ID supportive adults at school	Date completed:	Person responsible:	List Staff:
ID supportive peers	Date completed:	Person responsible:	List peers:
(Inform peers about absence, disorder) – <i>Note: Decision should be individualized &amp; based on student &amp; parent input.</i>	Yes/No?	Person responsible:	Decision:
<b>FOLLOWING SCHOOL RE-ENTRY</b>			
Develop a plan for check in for 1-3 months after school re-entry	Start Date:	Staff Responsible:	Plan for check-in: frequency/duration
Develop/Implement academic interventions	Start Date:	Staff Responsible:	Interventions needed:
Develop/Implement social/emotional interventions	Start Date:	Staff Responsible:	Interventions needed:
Develop/Implement physical interventions	Start Date:	Staff Responsible:	Interventions needed:
Progress monitor student	Dates:	Staff Responsible:	Plan for progress monitoring: frequency/duration



Maintain ongoing contact with parents	Dates:	Staff responsible:  Name of contact:	Contact summary:
Maintain ongoing contact with outpatient therapist	Dates:	Staff responsible:  Name of contact:	Contact summary:
Schedule team meeting to review student's progress	Date:	Staff responsible:	Meeting Summary:
Monitor plan fidelity	Dates:	Staff responsible: HB/H Coordinator	Maintenance summary:
Maintain & disseminate contact information for all key team members as appropriate	Date Completed	Staff responsible:  Team members:	Contact summary:

\*Adapted and based on Savina, E., Simon, J., & Lester, M. (2014). School reintegration following psychiatric hospitalization: An ecological perspective. *Child Youth Care Forum*, 43, 729-746 and my own experience (Patricia Graczyk, PhD).