**Sussex County Educational Services Commission**

**Northern Hills Academy**

**18 Gail Court**

**Sparta, New Jersey 07871**

**Phone: 973-579-6980; Fax: 973-579-1086**

 **Andrea Romano Jennifer Cook Erin Siipola**

 **Superintendent Principal Business Administrator**

**REQUEST FOR HOME INSTRUCTION**

To: Administrators

From: Andrea Romano, Superintendent

Re: Procedures for requesting Home Instruction

The Sussex County ESC provides home instruction for eligible students who cannot attend school because of illness or injury. Eligible pupils are those students who will be out of school for a period of at least two weeks and whose illness or injury must be certified by a letter from a physician stating diagnosis, duration and specific request for home instruction.

As soon as you know the student will be out for at least two weeks or longer, you should immediately complete the forms so that instruction may be authorized.

For Non-Public school students:

 1. Physician’s form or letter from doctor

 2. Home instruction request form completed by the School Administrator

 3. NJDOE 407-1 form for 192 Services signed by the parent/guardian.

For Public school students:

1. Please complete the request for home instruction
2. Copy of Physician’s form or letter from doctor
3. Send directly to Barbara Talmadge btalmadge@sussexesc.org faxed to 973-579-1086
4. Confirmation of Home Instruction Form completed and signed by SCESC/school district

All items will need to be mailed directly to: SCESC, 10 Gail Ct. Sparta, NJ 07871

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**PHYSICIAN’s FORM- MEDICAL INFORMATION**

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Private School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_**

**Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Request\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Statement of Student’s physical condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Estimated length of time student will be unable to attend school : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Effective date instruction can begin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Physician Signature**

* **Home instruction is provided for a student who will be unable to attend school for a period of two or more weeks. Use this form if a doctor’s note is unavailable.**

**Return form to: Sussex County ESC**

 **10 Gail Ct**

 **Sparta, NJ 07871**

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**REQUEST FOR HOME INSTRUCTION**

**Resident District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Counselor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nature of illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctor’s Note Yes No**

**Classification (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Hours Week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special arrangements:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instruction provided at □ Home □ Hospital \_\_\_\_\_\_\_\_\_\_\_□ other location \_\_\_\_\_\_\_\_\_\_\_\_**

**Assignments and/or textbooks will be provided by the school to the parents or home instruction teacher in the following subjects: (attach student schedule)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*\* A responsible adult must be at the home during the instruction provided by SCESC staff\*\*\***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature Date Principal Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**

**Signature of Person Authorizing instruction and Payment of services**

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**SUSSEX COUNTY ESC HOME INSTRUCTION COMMUNICATION INFORMATION FORM**

**It is in the best interest of the student in need of home instruction services if a positive communication and collaborative working relationship can be maintained. It is most desirable that the textbooks, classroom assignments, quizzes, tests, answer keys, and scoring rubrics for written assignments are available to the Home Instructor.**

**District Information**

**Resident district: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of referral\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NJ Smart ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Administrative Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guidance Counselor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Content Area Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Teacher name** | **Content Area** | **Telephone**  | **Email** | **Notes:** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***SUSSEX COUNTY ESC USE ONLY***

**Service start date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Termination date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Instructor Assigned:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Teacher name** | **Content Area** | **Telephone**  | **Email** | **Notes:** |
|  |  |  |  |  |
|  |  |  |  |  |

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 **Superintendent Principal Business Administrator**

Dear Parent/Guardian,

This letter is to inform you that your request for home instruction has been approved. As per NJ State mandate, home instruction must be provided for five (5) hours per week, in no fewer than three (3) visits per week by a certified teacher on at least three (3) separate days. If your child has been classified by the Child Study team, your home instruction will involve the implementation of his/her IEP to the extent appropriate through one to one instruction for ten (10) hours. If home instruction exceeds thirty (30) consecutive school days in a school year, the IEP team shall convene a meeting to review and revise, if necessary, the IEP.

A responsible adult must be at home during the instructional time. If the student is confined to a medical institution, convalescent home, etc instruction will be provided at this facility if deemed appropriate by attending physician.

If a non disabled student is confined to home or hospital for more than 60 calendar days, the school physician shall refer the student to the Child Study Team for evaluation consideration.

Each instructor will have a time sheet that you will need to sign after each session. The time sheet authorizes payment to the instructor. The instructor will be following the educational program outlined by the private school or the students IEP using textbooks and materials assigned by the nonpublic school. Students completed work will need to be taken by the instructor weekly to the non public school. Final grades and/or promotion will be determined by the standards of the non public school.

Home instruction is an important part of the necessary steps for a successful re-entry to his/her regular program. Any change in your child’s medical status must be reported to the Commission office as soon as possible.

If you have any questions, please do not hesitate to call.

Sincerely,

Andrea Romano

Superintendent

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HOME INSTRUCTOR CONFIRMATION

To: Director of CST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From: Andrea Romano, Superintendent

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

Re: Confirmation of Home Instruction

|  |  |
| --- | --- |
| **Student Name:** **Grade:** |  |
| **NJ SMART ID #** |  |
| **Address:**  |  |
| **Telephone:** |  |
| **Guidance Counselor:** |  |
| **Start Date:** |  |
| **End Date:** |  |

|  |  |  |
| --- | --- | --- |
| **Subject** | **Hours per Week** | **Total Hours Approved** |
| **LAL** |  |  |
| **Math** |  |  |
| **Social Studies** |  |  |
| **Science** |  |  |
| **other** |  |  |