



Regulation of the Chancellor

Number: **A-170**

Subject: **HOME INSTRUCTION SERVICES**

Category: **STUDENTS**

Issued: **August 25, 2016**

SUMMARY OF CHANGES

The regulation supersedes and replaces Chancellor's Regulation A-170 dated August 5, 2009.

Changes:

- The Home Instruction Referral Form (Attachment No. 1) has been updated.
- The Medical Request to be completed by the treating physician (Attachment No. 2) has been updated.



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Subject: HOME INSTRUCTION SERVICES

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ABSTRACT

This regulation supersedes Chancellor's Regulation A-170 dated August 5, 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.

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 the student's 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 Individualized Education Program ("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.

II. GENERAL REQUIREMENTS FOR THE AUTHORIZATION OF DEPARTMENT OF EDUCATION HOME INSTRUCTION

A. The student must be a New York City resident between 4.9 and 21 years of age who has not previously graduated from and/or been granted a diploma from a public,

private or parochial high school.

B. The 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. Such conditions 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 for the student or the student's child must include a fully completed Home Instruction Referral Form (Attachment No. 1), the Medical Request Form (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 appropriate Borough Office of Home Instruction.

D. Requests for Home Instruction for severe psychiatric conditions must include a fully completed Home Instruction Referral Form (Attachment No. 1), the Medical Request Form (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 appropriate Borough Office of Home Instruction.

E. Home instruction may be recommended by the relevant IEP Team for students with disabilities who have a medical or psychological illness which prevents them 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.

III. AUTHORIZATION PROCESS FOR HOME INSTRUCTION

A. Schools should maintain regular contact with the student and family while 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. After the Borough 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, the parent, and 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.

IV. 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 students with disabilities are expected to meet the criteria in their IEP.

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.

V. INQUIRIES

Inquiries pertaining to this regulation should be addressed to:

Principal

Home Instruction School Office

NYC Department of Education

3450 East Tremont Avenue

Bronx, NY 10465

Telephone: 718-794-7200

Fax: 718-794-7232

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:

Bronx Home Instruction

(75-X-502)

470 Jackson Avenue, Room 112

Bronx, NY 10455

Telephone: (718) 742-0972

Fax: (718) 742-1792

Staten Island & D 20 Home Instruction

(75-K-503)

360 36th Street, Room 301

Brooklyn, NY 11232

Telephone: (718) 499-2794

Fax: (718) 499-4009

Brooklyn Home Instruction

(75-K-503)

360 36th Street

Brooklyn, NY 11232

Room 318 – D 15, 17, 19, 21, 23

Telephone: (718) 369-5523

Fax: (718) 369-5524

Room 302 – D 13, 14, 16, 18, 22, 32

Telephone: (718) 369-5550

Fax: (718) 499-2305

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 228

Jamaica, NY 11436

Telephone: (718) 558-2040

Fax: (718) 529- 0292

HOME INSTRUCTION REFERRAL FORM

HOME INSTRUCTION SCHOOLS	3450 East Tremont Avenue Bronx, New York 10465 Ramona Pizarro, Principal	Phone 718-794-7200	Fax Main Office: 718-794-7232 Guidance: 718-794-7237 Attendance: 718-794-7205
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Home Instruction Offices (select one):

<input type="checkbox"/> Bronx 470 Jackson Avenue Room 112 Bronx, NY 10455 (P) 718-742-0972 (F) 718-742-1792	<input type="checkbox"/> Brooklyn 360 36 th Street Brooklyn, NY 11232 Room 318 – D 15, 17, 19, 21, 23 (P) 718-369-5523 (F) 718-369-5524 Room 302 – D 13, 14, 16, 18, 22, 32 (P) 718-369-5550 (F) 718-499-2305	<input type="checkbox"/> Manhattan 250 West Houston Street Room 212 New York, NY 10014 (P) 646-486-3557 (F) 646-486-3556	<input type="checkbox"/> Queens 142-10 Linden Blvd Room 228 Jamaica, NY 11436 (P) 718-558-2040 (F) 718-529-0292	<input type="checkbox"/> Staten Island & D 20 360 36 th Street Brooklyn, NY 11232 Room 301 (P) 718-499-2794 (F) 718-499-4009
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Supervisor	Date
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Student's Name (Last, First)	DOB	OSIS#
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Home Address

Home District	School (DBN)
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PHYSICIAN'S CONTACT INFORMATION

Physician completing medical request	Office Number	Extension
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Cell Phone Number	Pager	E-mail
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HOME INSTRUCTION REQUEST INITIATED BY

<input type="checkbox"/> Parent	<input type="checkbox"/> School	<input type="checkbox"/> Medical Office	<input type="checkbox"/> Other _____
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Initial request for Home Instruction

Currently on Home instruction beginning _____ and requesting continuation

Initially approved by Office of School Health physician

Initial approval for Home Instruction based on _____

Previously on Home Instruction from _____ to _____, returned to school

Number of previous requests for Home Instruction _____

Home Instruction provided _____ times

Supervisor's Comments

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MEDICAL REQUEST FOR HOME INSTRUCTION

(To be completed by the Student's Treating Physician and/or Psychiatrist)

Student's name (Last, First): _____ DOB: _____

Is under my care for the following (Diagnosis): _____

Home instruction provides 5 hours of instruction per week for Grades K-6 and 10 hours per week for Grades 7-12

Please provide detailed and specific information defining the limitations that the student has in order to inform the Department of Education about the necessity of Home Instruction services. Attach additional documentation as needed.

I hereby request that this child receive Home Instruction because of the above limitations due to this/these diagnosis/es which preclude this child's attending school

This request is based on: parental request my professional opinion other: _____

I request that Home Instruction be provided for _____ weeks (no less than 4 weeks)

Practitioner's Name (print): _____ Degree: _____

Practitioner's Original Signature: _____ License: _____

CONTACT INFORMATION

Telephone # _____ Extension _____ Email _____

Cell phone # _____ Pager # _____

Time/Hours I can be reached: Mon _____ Tues _____ Wed _____ Thurs _____ Friday _____

Attending Physician or Fellow Psychiatrist Nurse Practitioner Oral Surgeon Podiatrist

Other _____ **NOTE: Residents are not allowed to complete this form.**

Practitioner's Stamp:

All referrals should be sent to the appropriate borough office:

Bronx

470 Jackson Avenue; Room 112

Bronx, NY 10455

(P) 718-742-0972

(F) 718-742-1792

Brooklyn

360 36 Street
Brooklyn, NY 11232
Room 308
(P) 718-369-5523
(F) 718-369-5524
Room 317
(P) 718-499-2794
(F) 718-499-4009

Manhattan

250 West Houston Street; Room 212
(P) 646-486-3557
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Jamaica, NY 11436
(P) 718-558-2040
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