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HOMEBOUND INSTRUCTION: COORDINATION BETWEEN SCHOOLS AND HEALTH CARE PROVIDERS

In Pennsylvania, school attendance is required for school-age children. 24 P.S. § 13-1327; 22 Pa. Code §11.13. Some exceptions to compulsory school attendance apply, including “Home Education Programs” often referred to as “Home-Schooling.” 24 P.S. §§ 13-1327.1 & 13-1330. Students may also be excused from school attendance for temporary periods of absence. 24 P.S. § 13-1329. School districts are authorized to exercise discretion in excusing school attendance:

“[a] school district may, upon certification by any licensed practitioner of the healing arts or upon other satisfactory evidence being furnished to it, showing that any child or children are prevented from attending school, or from application to study, on account of any mental or physical, or other urgent reasons, excuse such child or children from attending school...but the term ‘urgent reasons’ shall be strictly construed and shall not permit of irregular attendance.” 24 P.S. § 13-1329(a).”

Regulations of the Pa. Board of Education authorize and require school districts to “adopt rules and procedures governing temporary excusals” but such temporary excusals “may not exceed 3 months.” 22 Pa. Code §11.25(a) & (c). This same section of the regulations permit, but do not require school districts to provide temporarily excused students with “homebound instruction.” 22 Pa. Code §11.25(b). Homebound instruction, therefore is different than a Home Education Program Homebound instruction is also distinguishable from “Instruction in the Home” or “Home Instruction” which is a form of special education placement recommended by an Individualized Education Program (IEP) team for a child with a disability under the Individuals with Disabilities Education Act (IDEA). 34 C.F.R. § 300.115-117.

When health care providers provide excuses for temporary periods of absence and request homebound instruction for a child for “mental, physical or other urgent reasons,” it is best if such a request is made in conjunction with relevant school personnel including teachers, principals, school nurses, school counselors and school psychologists. Ideally, before making such a recommendation, health care providers obtain input from relevant school personnel and have an understanding of the resources and supports available to the child in his or her school. In guidance from the American Academy of Pediatrics to health care providers regarding the IDEA, the Academy advises that “services in schools are decided collaboratively” and that “[w]riting a prescription for a school to provide a particular educational service for a child would be analogous to the school requesting certain medical evaluation or treatment from the health care provider.” The Academy also cautions that such unilateral actions “can result in an antagonistic rather than a collaborative relationship between the health care provider and the school.” American Academy of Pediatrics Clinical Report: The Individuals with Disabilities Education Act for Children with Special Needs, 2015, <http://pediatrics.aappublications.org/content/136/6/e1650>.

Often it is important for there to be open lines of communication and coordination of efforts between health care providers and school personnel, especially when considering changes in educational programming and placement. When communicating, school personnel and health care providers must be mindful of their respective privacy requirements. Health care professionals must adhere to the privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA) while school personnel must be mindful of the Family Education Rights and Privacy Act (FERPA). School and health provider entities generally have consent for release of information forms to allow parents to authorize the exchange of confidential information, but it is important to realize that each entity may require the use of its own form created for this purpose. In using either or both forms, it is important that parents understand the scope of

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the information to be shared. School personnel and health care providers need to help parents understand the information that will be exchanged and how that information is relevant for coordination of health care and educational programming.

When communicating with one another, health care providers and school personnel need to be mindful of one another's busy schedules and strive to exchange information in efficient ways. Pediatric practices and schools tend to service children and families within local vicinities. It would not at all be uncommon for many families in the same elementary school for example, to utilize the same primary , specialty and urgent care facilities. Services to children and families would be enhanced if providers and schools were to develop relationships with one another so that respective procedures and information exchange were understood.

In order to facilitate the exchange of information concerning excusal from school for temporary periods and the provision of homebound instruction, school personnel and health care providers should consider the following:

- Has there been exchange of meaningful and relevant information between the health care provider and school personnel about the child either in writing or by phone prior to a request or recommendation for homebound instruction?
- Does the health care provider have an understanding of the resources the school can access to support the child's medical or psychological needs?
- Do school personnel have an understanding of the basis for the health care provider's conclusions and recommendations?
- Do school personnel understand the student's course of medical or psychological treatment and the child's response to treatment?
- Does the health care provider understand the school's basis for its recommendations for educational programming?
- Have school personnel and health care providers considered alternatives to homebound instruction?
- Have school personnel and health care providers considered whether a period of homebound instruction will make it difficult for the child to transition back to regular school attendance and what supports may be required for the child to transition successfully?
- For children with IEPs or Section 504 Service Plans, are the reasons for the request for homebound instruction caused by or substantially related to the disabling conditions?
- For children with IEPs or Section 504 Service Plans, can the child receive a free and appropriate public education (FAPE) while receiving homebound instruction?
- For children who have not been identified as needing an IEP or a Section 504 Service Plan, is the request for homebound instruction related to the possible presence of a disability and thereby is serving as a need for an evaluation by the school to satisfy its child find obligation?

Clients who have questions regarding issues discussed in this article, or any education law matter, should feel free to call us at 215-345-9111.

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