



Parent/Guardian Homebound Instruction Guide

Office of Student Services

Updated July 1, 2023

Homebound Instruction Guidelines for Parents/Guardians

1. Homebound instruction is a temporary educational service provided by the Utica City School District to resident students who are unable to attend school in person for at least ten days during a three-month period due to a physical, mental or emotional illness, or injury as substantiated by a licensed healthcare provider, in accordance with New York State Commissioner's Regulations 175.21.
2. For a student to receive homebound instruction, the parent or guardian must submit a completed Application Request for Homebound Instruction (see attached) to the Office of Student Services. The request must include written verification from the student's treating healthcare provider, including mental health providers, demonstrating the student's anticipated inability to attend school in person for at least ten days during a three month period. The request must include:
 - a. The diagnosis necessitating home instruction
 - b. The limitations concerning the kind or duration of instruction
 - c. Any possible precautions the homebound instructor should take
 - d. The recommended start and end dates of home instruction
 - e. Provider signature
 - f. A signed consent authorizing the District to contact the student's treating healthcare provider is also required per NYS Regulations (HIPPA form)
3. Once the written request is received, eligibility will be determined and the parent/guardian will be notified of the District's approval or denial of homebound services, including reasons for denial, in approximately one week.
4. If approved for homebound instruction, the student will be assigned to a home tutoring service or to a homebound instructor. Instruction may be conducted in person or remotely, depending on the instructor, program and/or needs of the student.
5. If instruction is provided remotely, the District will provide a loaner Chromebook and mobile MiFi device should the student not have access to a personal computer and/or internet.
6. The District will establish a written instructional delivery plan to continue the student's academic progress, including:
 - a. The number of hours per week and hours per day that the student will receive instructional services
 - b. The method by which instructional services will be delivered
 - c. The location where instructional services will be provided
 - d. An explanation of how the instructional services will enable the student to maintain academic progress
7. Effective July 1, 2023, homebound instruction will be provided for:
 - a. A minimum of ten (10) hours per week at the elementary level; to the extent possible, at least two (2) hours of instruction per day.
 - b. A minimum of fifteen (15) hours per week at the secondary level; to the extent possible, at least three (3) hours of instruction per day.
8. Students with disabilities who are recommended for homebound instruction by the Committee on Special Education (CSE) shall be provided instruction following the same prescribed hours as noted above. The provision of related services shall be determined by the CSE in consideration of the student's unique needs.
9. If the parent/guardian or homebound instructor finds it necessary to cancel a session, they should do so directly with each other at least 24 hours in advance.
10. Homebound instruction shall follow the Board of Education approved annual school district calendar and will not be in session during weekends, school holidays, inclement weather days, or Superintendent's Conference days.
11. Homebound instruction shall be terminated when the period of probable absence as certified by the student's healthcare provider has expired. Should an extension of homebound instruction be requested, additional medical documentation must be submitted.

Application Request for Homebound Instruction

To be completed by parent/guardian:

NAME OF STUDENT:		DATE OF BIRTH:	
STREET ADDRESS:		PHONE:	
CITY, ZIP:		SCHOOL BUILDING:	GRADE LEVEL:
PROGRAM STATUS (please circle):	<div>GENERAL EDUCATION</div> <div>SPECIAL EDUCATION</div> <div>504</div>		
PARENT NAME:		PARENT EMAIL:	
PARENT SIGNATURE:		DATE:	

To be completed by the student's treating healthcare provider:

STUDENT'S ILLNESS	Communicable, infectious or contagious to others? (please circle)		YES	NO
DIAGNOSIS NECESSITATING HOMEBOUND INSTRUCTION				
ANY LIMITATIONS CONCERNING KIND OR DURATION OF INSTRUCTION				
POSSIBLE PRECAUTIONS THE HOMEBOUND INSTRUCTOR SHOULD TAKE				
ANTICIPATED ABSENCE FROM SCHOOL <i>*There must be an anticipated absence of ten days to be eligible for homebound instruction. If homebound instruction is needed longer than three months, updated medical documentation will be needed at that point in time.</i>	Start Date:		End Date:	
NAME OF LICENSED HEALTHCARE PROVIDER				
STREET ADDRESS:		CITY, STATE, ZIP:		
PHONE:		FAX:		
PROVIDER SIGNATURE:		DATE:		

Please return the completed application request and HIPPA form to:

Office of Student Services
929 York Street
Utica, NY 13502
315-368-6028
Fax 315-792-2288

UCSD OFFICE USE ONLY

Date Application Received:	
APPROVED	Date:
NOT APPROVED	Reason:
Signature:	