Homebound Instruction Policy

Policy Number: 3503

I. Purpose

Summit Academy is committed to providing a quality education for every student and recognizes that students may experience a temporary medical condition or other circumstance, which makes attendance in the regular day classes impossible or inadvisable. This policy serves to create a process for students to engage in a temporary, alternative education program to meet their individualized needs.

II. Definitions

"Homebound Instruction" means temporary instruction provided by a licensed educator at the student's home or place of convalescence, at a hospital, at a school-sponsored tutorial site, or through live online instruction, for a student who is physically excused from regular attendance for an extended time.

"Homebound Instruction Team" means the principal, parent/guardian, counselor, and/or classroom teacher and, for a student with an Individualized Education Program (IEP) or Section 504 plan, the student's IEP or 504 team.

"Licensed educator" means an individual who holds a current Utah educator license under Utah Admin. Code R277-301, has completed required background checks, and is employed or contracted by Summit Academy.

"Extended absence" means an expected absence of ten (10) or more consecutive school days, or a recurring pattern of absence described in Section IV.A.

III. Policy

The Board of Trustees recognizes the importance of providing instruction to students who are confined to home or hospital. The Board also recognizes the need to maintain contact between the school and the home during the time when these students are unable to attend school. The Board, therefore, delegates to the Executive Director and school Administration responsibility for developing regulations and guidelines, consistent with this policy, for a Homebound Instruction Program for students who are unable to attend school due to injury, illness, or other extenuating circumstances.

IV. Administrative Regulations

The Administration will establish a program to provide instruction to convalescing students in grades kindergarten through twelve to alleviate concern over academic work/credit, to maintain the skills necessary for returning to the classroom, and to assure ongoing home/school contact during the term of the illness, injury, or extenuating circumstances. The Homebound Instruction Program will be administered according to the following guidelines:

A. Qualifications for Services

A student qualifies for Homebound Instruction when criteria 1, 2, and 6 are met and at least one of criteria 3, 4, or 5 is met.

1. The student is enrolled in Summit Academy.
2. The student is confined at home or in a hospital due to physical or emotional illness, injury, surgery, pregnancy or a related condition, disability, other extenuating circumstances.
3. The student has missed or expects to miss ten (10) or more consecutive days of school.

4. The student has a pattern of missing 50% or more days per week for 4-6 weeks due to ongoing illness or physical condition.
5. The student's condition will allow 50 percent or less attendance during the school year.
6. The student receives a recommendation for Homebound Instruction from a physician, medical professional, social worker, psychotherapist, or legally directed services, and the parent/guardian requests services.
7. For a student with an IEP or Section 504 plan, the request shall be referred to the student's IEP or 504 team, which will determine whether Homebound Instruction is an appropriate placement and what services will be provided.

B. Providing Services

1. The parent/guardian shall provide documentation from the student's physician, medical professional, social worker, or psychotherapist that includes the estimated ~~the~~ length of time that Homebound Instruction services will be needed.
2. Homebound Instruction services may be denied or discontinued if it appears to the Homebound Instruction team (principal, parent, counselor and/or classroom teacher) that the services are worsening the student's condition, increasing or prolonging school avoidance or anxiety, or otherwise having a harmful impact upon the student. Any decision to deny or discontinue services shall be made in writing, with notice to the parent/guardian.
3. In most cases, the duration of services shall be determined by the principal after consultation with the student's parents and physician, medical professional, social worker, or psychotherapist. For a student with an IEP or Section 504 plan, the IEP or 504 team shall determine the location, amount, and duration of services.
4. If it appears that the program is being abused by the parent or student, the principal will initiate a formal review with the Executive Director's designee administering the Homebound Instruction Program. The parent/guardian will be notified of the review and given an opportunity to respond.
5. Students will be provided Homebound Instruction services only during the weeks when their school is in session.
6. The Homebound Instruction may be provided in the student's home or place of convalescence, at a hospital, at a school-sponsored tutorial site, or through live online instruction under the direction of the principal.
7. Summit Academy may determine that some students will receive their education for a designated period of time through the Homebound Instruction Program as an alternative to their school setting.

C. Assignment of Instructor

1. Whenever possible, students shall be taught by licensed educators from their school.
2. Principals shall make Homebound Instruction teaching assignments on the basis of instructor interest, availability, and curriculum qualifications.
    a. Instructors shall be compensated for providing Homebound Instruction at an hourly

rate to be determined by the school.

b. One half hour of preparation time is allowed for each two hours of actual instruction.

c. Instructors shall receive a mileage reimbursement at the current IRS standard mileage rate. Mileage is based upon the round-trip distance from the school to the student's home or other approved instructional location. Mileage forms are to be submitted at the end of each quarter or when the amount payable reaches or exceeds $25. Time required for travel is not part of the two-hour instruction time.

d. Instructors shall maintain a record of their services on the Homebound Instruction Log, including the date of each instruction session, arrival and departure times, the minutes of direct instruction provided each week, and other pertinent information. The Homebound Instruction Log is the official attendance record for Homebound Instruction.

e. The principal shall submit time sheets for Homebound Instruction at the end of each pay period.

D. Instruction

1. Homebound Instruction

a. Instruction may be provided at the locations described in Section IV.B.6. Generally, one two-hour instruction session shall be provided per week. Direct instruction shall total no less than 120 minutes per week, consistent with Utah Admin. Code R277-419; when a student's IEP or Section 504 plan requires more, the plan controls. With principal approval, two one-hour sessions may be provided if it is deemed in the best interest of the student. (One-hour sessions are generally only used with elementary-age students.)

b. A parent or other responsible adult must be present during each instruction session held in the home or online. If the parent or guardian fails to provide proper chaperonage, the instruction session shall be canceled.

c. Textbooks and instructional materials, including any assistive technology required by the student's IEP or Section 504 plan, shall be furnished by the school.

d. Students receiving Homebound Instruction remain subject to required statewide assessments. The school shall arrange testing with the parent/guardian and provide accommodations consistent with the student's IEP, Section 504 plan, or the Utah State Board of Education Accessibility and Accommodations Policy.

2. Hospital Instruction

a. The school shall provide a teacher, textbooks, and instructional materials for students confined to approved non-accredited hospitals.

b. Students enrolled in Summit Academy and later assigned to hospitals with accredited educational programs shall be serviced in one of two ways:

i. Student will be withdrawn from Summit Academy and transferred to the accredited institution which will provide teachers, textbooks, and instructional materials.

ii. Student will receive educational services provided at the hospital by an accredited institution under a contract with Summit Academy based upon a daily prorated amount of the WPU. Teachers, textbooks, and instructional materials shall be provided by the institution under contract.

E. Grades and Credit for School Attendance

1. Students who are receiving Homebound Instruction shall be counted in membership and as attending school for each week in which they receive the direct instruction required in Section IV.D.1.a, consistent with Utah Admin. Code R277-419.
    a. Missed or canceled instructional times cannot be made up unless rescheduled with the teacher 24 hours prior. Sessions canceled by the teacher or school shall be rescheduled within the same week whenever possible so that the weekly minimum is met.
    b. Any missed or canceled session without teacher notification will require a meeting with the principal to determine a course of action.
2. Teachers will prepare assignment sheets for students in their classes who are receiving Homebound Instruction. Substitute assignments will be provided if the regular class activities cannot be completed at home. Upon consultation with the school administration, it may be determined that a course cannot be appropriately taught through Homebound Instruction. In this case, the school will provide an opportunity for the student to make up the missed credit through an alternative class or program. Because of limited instructional time, the Homebound Instruction Program is designed to help students maintain credit.
3. Middle school and high school students who receive Homebound Instruction for five weeks or more during any one quarter shall receive attendance credit and grades for work completed from the Homebound Instruction.
    a. Grades awarded by the Homebound Instruction teacher shall be averaged with the grades awarded by the regular classroom teachers to determine the grades to be entered on the student's report card and permanent record.
    b. If the student was on Homebound Instruction for a full quarter, the student's report card grades shall be determined by the Homebound Instruction teacher.
4. Grades for students in kindergarten through grade six, and for secondary students who receive Homebound Instruction for fewer than five weeks in a quarter, shall be determined by the regular classroom teacher in consultation with the Homebound Instruction teacher.

V. References

Utah Admin. Code R277-419, Pupil Accounting
Utah Admin. Code R277-750, Education Programs for Students with Disabilities, and the USBE Special Education Rules
Utah Code 53G-6-201 et seq., Compulsory Education, including Sections 53G-6-213 and 53G-6-214
Utah Code 53G-8-205 through 53G-8-208, Suspension and Expulsion
Individuals with Disabilities Education Act, 20 U.S.C. 1400 et seq.; 34 CFR 300.115–300.116 and 300.530
Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794; 34 CFR Part 104
Title IX of the Education Amendments of 1972, 20 U.S.C. 1681; 34 CFR 106.40

Summit Academy policies on attendance, student discipline, special education and Section 504, and statewide assessment

VI. Attachments

Homebound Instruction Request Form;
Homebound Instruction Provider Recommendation Form;
Weekly Homebound Instruction Log;
Homebound Instruction Case Manager Checklist

VII. Revision History and Approval Date

Version 1: October 2015: Original Date of Approval
Version 2: February 17, 2022: Updated for formatting
Version 3: November 18, 2026: Updated for formatting, clarity, and alignment with Utah Admin. Code R277-419 and applicable state and federal law.

Homebound Instruction Request Form

To be completed by the parent/guardian and returned to the principal

Return this form to the school principal together with a completed Provider Recommendation Form. Homebound Instruction is temporary instruction provided by a licensed educator for a student who is physically excused from regular attendance for an extended time. Students with an IEP or Section 504 plan will be referred to their IEP or 504 team.

1. Student Information

Student name (legal first, middle, last)	Date of birth	Grade
Click to enter	Select date	Click to enter

Student ID	Campus	Homeroom / primary teacher
Click to enter	Click to enter	Click to enter

2. Parent/Guardian Information

Parent/guardian name	Relationship to student
Click to enter	Click to enter

Primary phone	Alternate phone	Email
Click to enter	Click to enter	Click to enter

Address where instruction will take place, if at home
Click to enter

3. Reason for Request

The student is confined at home or in a hospital due to (check all that apply):

☐ Physical illness ☐ Emotional or mental health condition ☐ Injury

☐ Surgery ☐ Pregnancy or a related condition ☐ Disability

☐ Other extenuating circumstance (describe below)

Brief description (medical details are not required; the provider form covers this)
Click to enter

First day absent or expected start date	Expected return date	Estimated length of need (weeks)
Select date	Select date	Click to enter

Has the student missed, or is the student expected to miss, ten (10) or more consecutive school days?	☐ Yes ☐ No
Has the student had a pattern of missing 50% or more days per week for 4–6 weeks due to an ongoing condition?	☐ Yes ☐ No
Is the student's condition expected to allow 50 percent or less attendance during the school year?	☐ Yes ☐ No

4. Student Plans

Does the student have an Individualized Education Program (IEP)?	☐ Yes ☐ No
Does the student have a Section 504 plan?	☐ Yes ☐ No
Does the student have an individualized health plan at school?	☐ Yes ☐ No

Homebound Instruction Request Form

To be completed by the parent/guardian and returned to the principal

5. Instruction Setting

Preferred setting (final setting is determined by the principal):

☐ Student's home or place of convalescence ☐ Hospital (name below)

☐ School-sponsored tutorial site ☐ Live online instruction

Hospital name and unit, if applicable	**Hospital phone**
Click to enter	Click to enter
Responsible adult who will be present during sessions	**Responsible adult phone**
Click to enter	Click to enter

Does the student have reliable internet access and a device for online sessions?	☐ Yes ☐ No

6. Parent/Guardian Acknowledgments (check each)

☐	I have attached, or will submit, a Provider Recommendation Form from the student's physician, medical professional, social worker, or psychotherapist that includes the estimated length of time services will be needed.
☐	A parent or other responsible adult will be present during each instruction session held in the home or online. A session will be canceled if a responsible adult is not present.
☐	Missed or canceled sessions can be made up only if rescheduled with the teacher at least 24 hours in advance.
☐	A missed or canceled session without teacher notification will require a meeting with the principal.
☐	Homebound Instruction is provided only during weeks when school is in session, and services may be denied or discontinued if they are harmful to the student. Any such decision will be made in writing.
☐	The student remains subject to required statewide assessments, which the school will arrange with me.

Parent/guardian signature	**Date**
Click to enter	Select date

For School Use Only

Date received	**Received by**	**Provider form received**
Select date	Click to enter	☐ Yes

Principal decision:

☐ Approved ☐ Denied (written notice sent) ☐ Referred to IEP team

☐ Referred to 504 team ☐ Section 504 evaluation considered

Start date	**Planned review date**	**Assigned licensed educator**
Select date	Select date	Click to enter
Approved setting		**Weekly schedule (minimum 120 minutes)**
Click to enter		Click to enter
Principal signature		**Date**
Click to enter		Select date

Provider Recommendation Form

To be completed by the student's physician, medical professional, social worker, or psychotherapist

Summit Academy provides temporary Homebound Instruction for students who cannot attend school for an extended time. Please complete this form so the school can plan instruction. Share only the information needed for school planning. The parent/guardian will return this form to the school principal, or it may be sent directly with the authorization in Section 5.

1. Student Information

Student name	Date of birth	Grade
Click to enter	Select date	Click to enter

Parent/guardian name	Parent/guardian phone
Click to enter	Click to enter

2. Provider Information

Provider name	Credential (MD, DO, APRN, PA, LCSW, psychologist, etc.)
Click to enter	Click to enter

License number	Practice / organization
Click to enter	Click to enter

Phone	Fax	Email
Click to enter	Click to enter	Click to enter

Address
Click to enter

3. Recommendation

I recommend Homebound Instruction because this student is unable to attend school for an extended time.	☐ Yes ☐ No

Reason (check all that apply):

☐ Physical illness ☐ Emotional or mental health condition ☐ Injury

☐ Surgery ☐ Pregnancy or a related condition ☐ Other (describe below)

How the condition affects the student's ability to attend school (brief)
Click to enter

Recommended start date	Estimated end date	Estimated length (weeks)
Select date	Select date	Click to enter

Expected pattern of absence:

☐ Continuous absence ☐ Intermittent absence (describe pattern below)

Pattern of intermittent absence, if applicable
Click to enter

Could the student attend school for part of the day or week?	☐ Yes ☐ No

If yes, describe
Click to enter

Provider Recommendation Form

To be completed by the student's physician, medical professional, social worker, or psychotherapist

4. Instruction Considerations

Homebound Instruction is generally one 2-hour session per week, or two 1-hour sessions with principal approval, and is at least 120 minutes of direct instruction per week.

Can the student participate in at least 120 minutes of instruction per week?	☐ Yes ☐ No

Settings the student can safely take part in:

☐ In person at home or place of convalescence ☐ In person at a hospital

☐ Live online ☐ At a school-sponsored tutorial site

Limitations or precautions for instruction (stamina, screen time, infection control, physical restrictions)

Click to enter

Recommended date to re-evaluate need (Not to exceed 45 school days)	**Expected date student may return to school**
Select date	Select date

Provider signature	**Date**
Click to enter	Select date

5. Parent/Guardian Authorization to Share Information

I authorize the provider named above to release the information on this form to Summit Academy, and I authorize Summit Academy to contact the provider to clarify it, for the purpose of planning Homebound Instruction. This authorization expires at the end of the current school year unless I revoke it in writing sooner.

Parent/guardian signature	**Date**
Click to enter	Select date

Confidential: This form is part of the student's education record and is protected under the Family Educational Rights and Privacy Act (FERPA).

Homebound Instruction Log

Completed by the assigned licensed educator. This log is the official attendance record for Homebound Instruction.

Student name	Grade	Student ID	Licensed educator	Week of (Monday)
Click to enter	Click to enter	Click to enter	Click to enter	Select date

Courses / subjects served	Approved weekly schedule
Click to enter	Click to enter

Instruction Sessions

Date	Arrival time	Departure time	Minutes of direct instruction	Setting	Subjects / content covered	Responsible adult present (name)	Notes (missed, canceled, rescheduled)
Select date	Click to enter	Click to enter	Click to enter	☐ Home ☐ Hospital ☐ Tutorial site ☐ Online	Click to enter	Click to enter	Click to enter
Select date	Click to enter	Click to enter	Click to enter	☐ Home ☐ Hospital ☐ Tutorial site ☐ Online	Click to enter	Click to enter	Click to enter
Select date	Click to enter	Click to enter	Click to enter	☐ Home ☐ Hospital ☐ Tutorial site ☐ Online	Click to enter	Click to enter	Click to enter

Total minutes of direct instruction this week	Meets 120-minute weekly minimum	If not met: reason and make-up date
Click to enter	☐ Yes	Click to enter
Preparation time (hours; 0.5 hour per 2 hours of instruction)	**Round-trip mileage (miles)**	**Starting and ending locations for mileage**
Click to enter	Click to enter	Click to enter

Missed or Canceled Sessions

Scheduled date	Canceled by (student/family, educator, school)	Notice of 24 hours or more given	Rescheduled date	Principal meeting needed	Notes
Select date	Click to enter	☐ Yes	Select date	☐ Yes	Click to enter
Select date	Click to enter	☐ Yes	Select date	☐ Yes	Click to enter

Licensed educator signature	Date	Principal signature	Date
Click to enter	Select date	Click to enter	Select date

Submit the completed log with your time sheet at the end of each pay period. Submit mileage forms each quarter or when the amount payable reaches $25. Travel time is not part of instruction time.

Homebound Instruction Case Manager Checklist

One checklist per student, per homebound period. Keep with the Request Form, Provider Recommendation Form(s), and Logs.

Student name Click to enter	**Grade** Click to enter	**Student ID** Click to enter	**Campus** Click to enter
Case manager Click to enter	**Parent/guardian** Click to enter		**Parent phone** Click to enter
Assigned licensed educator Click to enter	**Request received** Select date	**Estimated end date (provider)** Select date	**Planned review date** Select date

1. Intake

	Task	Policy / form	Date done	Initials
☐	Homebound Instruction Request Form received, with Sections 1–6 complete and signed by the parent/guardian.	Request Form	Select date	Click to enter
☐	Provider Recommendation Form received and signed by a physician, medical professional, social worker, or psychotherapist.	Provider Form; IV.A.6	Select date	Click to enter
☐	Provider form states the estimated length of time services will be needed (start and end dates).	Provider Form §3; IV.B.1	Select date	Click to enter
☐	Parent authorization to share information signed (allows the school to contact the provider).	Provider Form §5	Select date	Click to enter
☐	Student is currently enrolled in Summit Academy.	IV.A.1	Select date	Click to enter

2. Eligibility Review

	Task	Policy / form	Date done	Initials
☐	Student is confined at home or in a hospital due to physical or emotional illness, injury, surgery, pregnancy or a related condition, disability, or other extenuating circumstance.	IV.A.2	Select date	Click to enter
☐	At least one is met: missed or expects to miss 10+ consecutive school days; 50%+ absence per week for 4–6 weeks; or condition allows 50% or less attendance this year.	IV.A.3–5	Select date	Click to enter
☐	Parent/guardian has requested services.	IV.A.6	Select date	Click to enter
☐	Student has an IEP or Section 504 plan? If yes, refer the request to the IEP or 504 team and record the referral date.	IV.A.7	Select date	Click to enter
☐	Request and Provider Recommendation – principal determined eligibility	IV.B.3	Select date	Click to enter

3. Principal Decision and Notice

	Task	Policy / form	Date done	Initials
☐	Principal decision recorded on the Request Form (approved, denied, or referred).	Request Form, school use	Select date	Click to enter
☐	Duration set by the principal after consulting the parents and the provider.	IV.B.3	Select date	Click to enter
☐	Setting approved: home or place of convalescence, hospital, school-sponsored tutorial site, or live online.	IV.B.6	Select date	Click to enter
☐	Hospital placement: confirm whether the hospital has an accredited program (transfer or contract) or the school provides the teacher.	IV.D.2	Select date	Click to enter
☐	If denied, written notice sent to the parent/guardian.	IV.B.2	Select date	Click to enter

Homebound Instruction Case Manager Checklist

One checklist per student, per homebound period. Keep with the Request Form, Provider Recommendation Form(s), and Logs.

4. Setup Before the First Session

	Task	Policy / form	Date done	Initials
☐	Licensed educator assigned (from the student's school when possible); current Utah license and background check verified.	IV.C.1–2	Select date	Click to enter
☐	Weekly schedule set at a minimum of 120 minutes of direct instruction (one 2-hour session, or two 1-hour sessions with principal approval).	IV.D.1.a	Select date	Click to enter
☐	Responsible adult identified for sessions in the home or online; parent knows a session is canceled if no adult is present.	IV.D.1.b	Select date	Click to enter
☐	Textbooks, instructional materials, and any assistive technology delivered.	IV.D.1.c	Select date	Click to enter
☐	Teachers notified to prepare assignment sheets and substitute assignments.	IV.E.2	Select date	Click to enter
☐	Courses that cannot be taught through Homebound Instruction identified, with an alternative class or program for credit.	IV.E.2	Select date	Click to enter
☐	Statewide assessment plan arranged with the parent, including supports and accommodations.	IV.D.1.d	Select date	Click to enter
☐	Homebound Instruction Log given to the educator; 24-hour rescheduling rule reviewed with the family and educator.	IV.C.2.d; IV.E.1.a	Select date	Click to enter
☐	Student information system updated to show Homebound Instruction start date.	IV.E.1	Select date	Click to enter

5. Monitoring

	Task	Policy / form	Date done	Initials
☐	Weekly log reviewed: at least 120 minutes of direct instruction, setting, and responsible adult recorded.	Log; IV.D.1.a; IV.E.1	Select date	Click to enter
☐	Sessions canceled by the teacher or school were rescheduled within the same week.	IV.E.1.a	Select date	Click to enter
☐	Any missed or canceled session without teacher notification: meeting with the principal scheduled.	IV.E.1.b	Select date	Click to enter
☐	Services provided only during weeks when school is in session.	IV.B.5	Select date	Click to enter
☐	Logs and time sheets submitted each pay period; mileage each quarter or at $25.	IV.C.2.c–e	Select date	Click to enter
☐	Concerns noted (services worsening the condition, school avoidance, or possible misuse) and referred to the principal for review.	IV.B.2; IV.B.4	Select date	Click to enter

Homebound Instruction Case Manager Checklist

One checklist per student, per homebound period. Keep with the Request Form, Provider Recommendation Form(s), and Logs.

6. Review of Need and New Provider Recommendation

Complete a review before the estimated end date on the provider form, at the planned review date, or any time the student's condition changes. Services continue past the estimated end date only with a new Provider Recommendation Form.

	Task	Policy / form	Date done	Initials
☐	Review meeting scheduled with the parent/guardian, educator, and principal before the estimated end date.	IV.B.3	Select date	Click to enter
☐	New Provider Recommendation Form requested from the provider, with an updated estimated length of time services will be needed.	Provider Form; IV.B.1	Select date	Click to enter
☐	New Provider Recommendation Form received, signed, and dated.	Provider Form	Select date	Click to enter
☐	Parent authorization to share information is still current (renew if expired).	Provider Form §5	Select date	Click to enter
☐	Attendance minutes, grades, and assignment completion reviewed from the logs.	Log; IV.E	Select date	Click to enter
☐	Eligibility criteria rechecked against the new recommendation.	IV.A.2–6	Select date	Click to enter
☐	Review decision made by the principal and written notice sent to the parent/guardian.	IV.B.2–3	Select date	Click to enter

Review date	New provider form received	New estimated end date	Next review date
Select date	Select date	Select date	Select date

Review decision:

☐ Continue services as is ☐ Continue with changes (schedule or setting) ☐ Partial return to school

☐ Discontinue: student returns to school ☐ Discontinue: no longer meets criteria ☐ Refer to IEP or 504 team

Changes to schedule, setting, or services

Click to enter

7. Grades and Closeout

	Task	Policy / form	Date done	Initials
☐	Grades entered: grades 7–12 with 5+ weeks in a quarter averaged with classroom grades; full quarter graded by the homebound teacher; K–6 and under 5 weeks graded by the classroom teacher in consultation.	IV.E.3–4	Select date	Click to enter
☐	Return-to-school date confirmed with the parent/guardian and teachers.	IV.B.3	Select date	Click to enter
☐	Student information system updated to end Homebound Instruction.	IV.E.1	Select date	Click to enter
☐	Final log, time sheets, and mileage forms collected.	IV.C.2	Select date	Click to enter
☐	All forms filed in the student's confidential record.	Provider Form	Select date	Click to enter

Case manager signature	Date	Principal signature	Date
Click to enter	Select date	Click to enter	Select date