STRONGSVILLE CITY SCHOOLS
PUPIL SERVICES DEPARTMENT
13200 Pearl Road
Strongsville, Ohio 44136
Telephone: 440.572.7045 · Fax: 440.846.3226

REQUEST FOR HOME INSTRUCTION

Date of Request: _____

Student Name: _____

Date of Birth: _____ ☐ Male ☐ Female

Address: _____

Home Phone: _____ Business Phone: _____

Building: _____ Grade: _____

Date student last attended school: _____

Is the student on an IEP? Yes ☐ No ☐
If Yes – List the Disability _____

☐ Offered to Teacher(s) of Record

☐ Offered to Teacher(s) in the Building (if needed)

☐ Offered to Teacher(s) in District (if needed)

List of Assigned Tutors

_____

_____

_____

_____

_____

_____

_____

_____

Tutoring will start _____ and tentatively end _____
Date Date

Signature _____ Date _____
Counselor

Signature _____ Date _____
Principal

OVER

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TO BE COMPLETED BY PHYSICIAN

Date of Request: _____

Student Name: _____

Date of Birth: _____ ☐ Male ☐ Female

Address: _____

Home Phone: _____ Business Phone: _____

Building: _____ Grade: _____

Date student last attended school: _____

Explanation of handicapping condition: _____

_____

_____

_____

Date of last examination: _____

Will student's current medical condition preclude regular school attendance?

☐ Yes ☐ No

Specify reason: _____

_____

Probable period student will be unable to attend school: from _____ to _____

Physician's name: _____ Phone: _____

Address: _____

Physician's signature _____ Date: _____

Please return the completed form to: the Building Principal/Guidance Counselor

OVER

Home Instruction Internal Guidelines

Process Overview:
Home Instruction is intended for students who are out of school for three or more weeks for medical reasons. Other situations can qualify and are dealt with on a case by case basis. Secondary (1 hour per core subject/week), Elementary (1 hour per day); Tutor(s) and Teacher(s) of record to determine if more tutoring will be needed based on progress.

Two types of home instruction are:

Medical situations: The parent contacts the school via Counseling Department/Building Principal for home instruction. An "Application for Home Instruction" must be completed by the student's parent attending physician and returned to their counselor/principal to begin service.

Other: For all other situations (IEP placement decisions, IEP disciplinary action, etc.) the school guidance counselor/administrator must process the application minus physician portion to begin service.

Procedures:
The procedure for identifying a tutor and engaging tutoring services is as follows:

Medical Situations		**Other**
1. Parent contacts school counselor/ principal and requests service. **2**. The building counselor/principal will review the process with the parent and initiate the request. **3.** The counselor will collect two (2) weeks worth of work from the student's teacher(s).		IEP team determines change of placement resulting in home instruction or disciplinary action causes home instruction.
4. Parent submits completed request form.		Guidance/principal complete home instruction application minus physician portion.
5. The building principal seeks a tutor in following order: □ Teacher(s) of record □ In-house teacher(s) □ District teacher(s) ↓	↔	Same
6. Building principal submits request form and identified tutor(s) name(s) to Pupil Services to process Board approval. If the building is unable to locate a tutor, the request should be forwarded to Pupil Services for processing. **7.** All tutor(s)candidates must go through the Human Resources Dept. as any regular/substitute certified teacher, including any payroll information (Treasurer's office) ↓	↔	Same
8. The counselor/building principal will provide the tutor(s) identified with a tutoring packet. ↓	↔	Same
9. Tutor(s) contacts parent/student and teacher(s) of record to set up tutoring process and begin communication loop.	↔	Same

STRONGSVILLE CITY SCHOOLS

HOME INSTRUCTION
TIME SHEET

Employee Name_____School_____

Dates of service_____

Hours of Service

Mon	Tues	Weds	Thurs	Fri	Total	Student Name	Classification

_____ **Total Hours**

Employee signature **Principal signature**

_____ **Send to Pupil Services/Board Building**
Director of Pupil Services Signature

Pupil Services Use Only:

_____ _____
Hours Account Number