



**DISTRICT SCHOOL BOARD
ONTARIO NORTH EAST**

Policy No. 2.1.16

Section: School Related Operations

Related References:

Appendices: A, B

Approved: March 5, 2002

Revised: December 16, 2014

Review Date:

TITLE: HOME INSTRUCTION

1.0 Rationale:

District School Board Ontario North East recognizes that school attendance may be impossible for a student in the case of serious illness, injury or exclusion. Home instruction is a short term intervention for such students.

2.0 Definitions:

Home Instruction: A short term intervention for students who are unable to attend school due to serious illness, injury or exclusion.

3.0 Policy:

District School Board Ontario North East will provide home instruction for pupils who are unable to attend school for reasons of serious illness, injury or exclusion.



PROCEDURES:

1. A Home Instruction program may be provided for a pupil where,
 - a) The pupil will be absent from school because of serious illness, injury or exclusion;
 - b) A medical certificate or documentation is furnished stating why the student is unable to attend school;
 - c) The student is able to benefit from the tutorial given; and
 - d) The Principal, in consultation with the appropriate Superintendent, is satisfied that home instruction is required.
2. Every pupil given home instruction shall receive a minimum of five (5) hours of instruction each week, given in at least two periods. Additional time is at the discretion of the Superintendent in consultation with the school Principal.
3. The Home Instruction Program will be created in consultation between the classroom teacher and the home instruction teacher. This program of instruction will consist of both instruction and student support. The program will be identified on the home instruction form. (**Appendix A**)
4. A teacher employed for the purpose of home instruction shall have a current Vulnerable Sector Screening, and be registered and in good standing with the Ontario College of Teachers and the Board.
5. In the event that a teacher, who is currently employed by the Board, accepts the home instruction assignment, the instruction must be given outside of the teacher's contracted school day.
6. A home instruction teacher will be registered with the Ontario College of Teachers and will be reimbursed at 1/1000 of the minimum salary of Category 1, Year 0 (plus 4% vacation) in accordance with the appropriate teacher collective agreement.
7. Home instruction shall not be given on those days designated as school holidays.
8. The appropriate superintendent must authorize home instruction and any modification of same.
9. After authorization, the appropriate Superintendent will notify the payroll department of the following details of an approved program;
 - a) Effective date of home instruction program,
 - b) Expected duration of program, and
 - c) Minimum instruction time and number of periods per week.
10. Kilometrage to the student's residence from the student's school will be paid at the approved Board rate. The teacher shall submit their Statement of Expense for Board Travel (**Appendix D**) to the Principal for approval and processing.

11. The Principal shall:

- Meet with the parent to discuss the student's needs;
- Ensure the appropriate documentation is completed;
- Determine the length of time and number of hours that are required;
- Send copies of documents to the appropriate superintendent of schools for approval (**Appendix A**);
- Obtain superintendent approval for any unusual requests, such as;
 - Home instruction more than five (5) hours per week, and/or
 - Home instruction occurring during school holidays;
- First offer the student's classroom teacher the opportunity to provide the home instruction in an effort to offer continuity in the delivery of instruction;
- If the classroom teacher is unavailable to do so, then offer the assignment to another teacher of the same school;
- In the case where a teacher of the home school cannot be secured to deliver the program, the Principal will then seek a teacher elsewhere in the Board.
- Sign the home instruction teacher's time sheets and forward to the payroll office (**Appendix C**);
- Sign the Statement of Travel Expense form (**Appendix D**), identifying that it was for Home Instruction purposes, and forward to the appropriate Superintendent of Schools.
- Supervise the work of the teacher employed for the purpose of home instruction; and
- Make clear to the home instruction teacher that at all times a parent or guardian must be present in the home and in sight when the teacher is delivering instruction to the student.

12. The Home Instruction Teacher shall:

- Consult with the principal about the number of sessions and lengths of the sessions based on the needs of the student;
- Contact the family and arrange the dates and times for the home instruction;
- Create, in consultation with the classroom teacher(s), the program of instruction and student support;
- Keep the principal and classroom teacher(s) updated regularly as to the progress of the student;
- Provide the student's marks to the school when available; and
- Maintain time records of hours worked and provide timesheets on a regular basis to the principal.

13. The Parent shall:

- Provide the school with the signed Home Instruction form (**Appendix A**);
- Sign a Release of Information form, providing the home instruction teacher with information required for effective instruction (**Appendix B**);
- Ensure that there is an adult present in the home and in sight for the duration of the home instruction;
- Ensure that there is a quiet location for instruction; and
- Ensure that assigned homework is completed.



Home Instruction

Parental/Guardian Request: I request that my child be enrolled in a Home Instruction Unit.

Student Name: _____ Gender (M/F): _____

School: _____ Grade: _____

Home Address: _____

Parent/Guardian Name	Parent/Guardian Signature	Date
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Medical Certificate for Home Instruction

To be completed where a child is unable to attend school due to serious illness or injury, and can still benefit from home instruction. (Any cost associated with the medical certificate is at the expense of the parent/guardian.)

I have attended this patient and find that because of *(reason for absence)* _____

he/she will be confined to their home for _____ weeks.

_____ Date

Doctor's Name *(Please print)*

Doctor's Signature

Address:

If there is an address stamp, please place here:

OR

Documentation for Other Reasons for Home Instruction

Reason for Home Instruction: _____

Details: _____

Authorized By	Signature	Date
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Home Instruction Program Decision

Application Approved: No. of Hours/Weeks: _____ Teacher Assigned: _____

Program of Instruction – detailed description: _____

-- OR --

Application Denied: Reason for Denial: _____

Principal Signature

Date

Superintendent Signature

Date



DISTRICT SCHOOL BOARD ONTARIO NORTH EAST

Schumacher Board Office
Street Address:
153 Croatia Avenue, Schumacher, ON P0N 1G0
Mailing Address:
P.O. Box 1020, Timmins, ON P4N 7H7
Tel: (705) 360-1151
Fax: (705) 268-7100

New Liskeard Board Office
Mailing and Street Address:
198022 River Road
R. R. #1
New Liskeard, ON P0J 1P0
Tel: (705) 647-7394
Fax: (705) 647-9212

SCHOOL AUTHORIZATION TO RELEASE OR OBTAIN INFORMATION

Student's current school: _____

District School Board Ontario North East is hereby authorized **to release or obtain** any social, educational, medical or other pertinent data from/to

(Name of agency, individual or authority)

as may be necessary or desirable for developing an appropriate educational program for

Name of Student

Date of Birth (YYYY MMM DD)

Specifics of request: _____

This release of information form will be in effect from _____ to _____

Name of Parent/Guardian (please print): _____

Signature of parent/guardian **AND/OR** _____
Signature of Student Date
(if 16 years or older)

Signature of Witness _____
Date



Home Instruction Timesheet (ETFO & OSSTF)
 D.S.B. ONTARIO NORTH EAST – Payroll & Benefits Office
 R R #1, 198022 River Road, New Liskeard, ON P0J 1P0
 FAX TO: 705-647-8251 or 1-800-445-8878

NAME: (print) _____

EMPLOYEE ID #:

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Student Name	
Address	
School Attended	

	DATE mm/dd/yy	SHIFT START Time	SHIFT FINISH Time	HOURS WORKED (i.e.: 2.75)	LESSONS TAUGHT or TOPICS COVERED *SIGNED BY PARENT/GUARDIAN
SUN					
MON					
TUE					
WED					
THU					
FRI					
SAT					
Total Hours Worked					

Employee Signature

Approved By

Payroll Batch #

Comments: _____

INSTRUCTIONS:

- **Timesheets will be returned** if not fully completed and signed by the appropriate Principal / Supervisor. Pay will not be issued from an incomplete or unauthorized timesheet.
- **Salaried Teacher Doing Home Instruction:** All hours will be paid with the regular bi-weekly pay. Please fax timesheet to the Payroll Office each Friday by 4:00 p.m.
- **All Others:** You are paid according to the bi-weekly schedule for Timesheet Employees. Please fax your timesheet to the Payroll Office each Monday by 9:00 a.m.

