Sec. 10-76d-15. Homebound and hospitalized instruction

(a) (1) Provision of instruction for verified medical reason. A board of education shall provide instruction to a child in a public school under the jurisdiction of such board when such child is unable to attend school due to a verified medical reason which may include mental health issues. The child’s treating physician shall provide a statement in writing directly to the board of education, on a form provided by such board, stating: (A) the child’s treating physician has consulted with school health supervisory personnel and has determined that attendance at school with reasonable accommodations is not feasible, (B) the child is unable to attend school due to a verified medical reason, (C) the child’s diagnosis with supporting documentation, (D) the child will be absent from school for at least ten consecutive school days or the child’s condition is such that the child may be required to be absent from school for short, repeated periods of time during the school year and, (E) the expected date the child will be able to return to school.

(2) The PPT shall consider the educational needs of a child with a disability who is medically complex and the need for instruction to be provided in accordance with the IEP of such child when such child is not able to attend school due to medical reasons. The PPT shall consider and make accommodation for the child’s program to be moved (A) from public school to a home or health care facility, including but not limited to, a hospital, psychiatric facility or rehabilitation center, and (B) back to school when the child is able to return to school. For purposes of this section, “medically complex” means a child who has a serious, ongoing illness or chronic condition for at least a year and requires prolonged or intermittent hospitalization and ongoing medical treatments or medical devices to compensate for the loss of bodily functions.

(b) Requirements of individualized education program. Homebound and hospitalized instruction shall be as specified in the child’s individualized education program, subject to the following.

(1) In the case of a child not otherwise in need of special education and related services, homebound or hospitalized instruction shall maintain the continuity of the child’s regular program. The requirements of evaluation and an individualized education program shall not apply and a planning and placement team meeting need not be convened.

(2) In the case of a child not previously receiving special education and related services, the requirements of evaluation and an individualized education program shall apply if there is reason for the planning and placement team to believe that the child will continue to require special education and related services.

(3) In the case of a child receiving special education and related services, the planning and placement team shall, where necessary, modify short-term instructional objectives in the child’s individualized education program.

(c) (1) Commencement of services. Instruction for a child who is unable to attend school for medical reasons shall begin no later than the eleventh day of absence from school, provided the board has received notice in writing that meets the requirements of subsection (a) of this section. If the board is provided with adequate notice prior to the child’s absence from school, instruction may begin earlier than the eleventh day of absence. If the child’s condition is such that the child cannot receive instruction, the child’s treating physician shall determine when instruction shall begin and shall, in writing, inform the board.
(2) Instruction for a child with a disability who is medically complex shall begin no later than the third day of absence, provided such child is medically able to receive instruction.

(d) Resolution of disputes. In the event there is a dispute regarding the basis upon which the child’s treating physician has asserted the need for instruction, the child shall receive such instruction pending review of the written statement provided by the child’s treating physician, pursuant to subsection (a) of this section, by the school medical advisor or other health professional employed by the board of education who is qualified to review the information submitted. The parent of such child shall provide consent for the school medical advisor or other qualified health professional employed by the board of education to consult with the child’s treating physician to assess the need for instruction. The board is not required to begin instruction until such consent is provided. Consultation with the child’s treating physician shall include a review of educational and medical records and, if appropriate, accommodations and school health services that can be provided to the child so the child can attend school safely. If there continues to be a disagreement regarding the provision of homebound instruction, the board may offer, at the board’s expense, a review of the child’s case by a qualified independent medical practitioner. If the parent fails to make the child available for such review, the obligation of the board to provide homebound instruction shall end, and if the child continues to be absent from school, the board shall pursue school attendance interventions. The board and the parent have the right to request a hearing pursuant to section 10-76h-3 of the Regulations of Connecticut State Agencies, or in lieu of a hearing, may request mediation pursuant to section 10-76h-5 of the Regulations of Connecticut State Agencies, if the dispute regarding the provision of instruction pursuant to this section is not resolved.

(e) Time and place. Instruction shall be provided as follows: (1) for any child with a disability from three to five years of age, inclusive, for the amount of time determined appropriate by the PPT; (2) no less than one hour per day or five hours per week for children in grades kindergarten through six; and (3) no less than two hours per day or ten hours per week for children in grades seven through twelve. Where evaluative data indicates that these time requirements should be modified, instruction time may be increased or decreased upon the agreement of the parent and the board of education or upon a determination made by the PPT as appropriate. Instruction may be provided in the setting of the child’s home or the hospital to which the child is confined or the board may offer such instruction in other sites such as the town library, taking into consideration the child’s medical condition.

(f) Content of services. Instruction provided pursuant to the provisions of this section shall maintain the continuity of the child’s general education program and, in the case of a child with a disability, shall be provided so as to enable the child to continue to participate in the general education curriculum and to progress towards meeting the goals and objectives in the child’s IEP. For purposes of this section, “maintaining the continuity of the child’s general education program” means the child shall receive instruction in core academic subjects required by the board of education for such child or an interdistrict magnet school or charter school in which such child is enrolled for promotion or graduation. Such interdistrict magnet school or charter school shall cooperate with the board in planning homebound instruction and shall provide instructional materials to enable the board to provide appropriate instruction to the child.
(g) **Provision of services for a child who is pregnant or who has given birth.** A child who is pregnant or who has given birth and cannot attend school pursuant to this section shall be provided with homebound instruction and such other instruction as will enable the child to remain in school or otherwise have access to instruction and support services. The board shall consider the child’s individualized needs and shall provide, as appropriate, services that may include, but need not be limited to, transportation, a shortened school day, counseling, modified assignments or modified class schedule.

(Effective September 1, 1980; Amended July 1, 2013)