

Monomoy Regional School District
Home/Hospital Tutoring - Student and Parent Responsibility

Please read and sign this form and return to your child's school

Student Name: _____ **School:** _____

1. In order for tutoring to commence, a [Physician's Affirmation of Need for Temporary Home or Hospital Education for Medically Necessary Reasons](#)-must be fully completed on behalf of the student.
2. At a minimum the physician's signed notice must include information regarding:
 - the date the student was admitted to a hospital or was confined to home;
 - the medical reason(s) for the confinement;
 - the expected duration of the confinement; and
 - what medical needs of the student should be considered in planning the home or hospital education services.
3. If the student has an IEP and are likely to remain at home or in the hospital for a period of 60 days, the Team will reconvene within 10 days once notified that the student will most likely remain at home/hospital for more than 60 school days. An updated Physician's Statement will be required for continued tutoring.
4. Parents must verify a phone number where the tutor may make contact with the student to arrange a mutual meeting time and place, preferably at a public venue-not in the student's house. (Library, Community Center). If instruction is to take place in the home, a mutually convenient time will be scheduled where an adult will be present in the home.
5. Any parent or student concerns should be communicated immediately to the Guidance office, such as work not being provided/ picked up or done correctly. This will avoid issues related to report cards and progress report.
6. If the student has had 2 no-shows or last minute cancels or is not doing the assigned work, a warning letter will be sent out from the Guidance Office, followed by a meeting with parent/guardian to discuss further actions.

I agree to these terms and conditions in order for to receive Home/Hospital tutoring.

Parent Signature: _____ Date: _____

