

HOMEBOUND HANDBOOK
Meridian CUSD 223
2026-2027



MERIDIAN CUSD #223

207 West Main St.
Stillman Valley, IL 61084
815-645-2606 (phone) 815-645-4325 (fax)

~~STILLMAN VALLEY HIGH SCHOOL¶~~

~~425 S. Pine St.¶~~
~~Stillman Valley, IL 61084¶~~
~~815-645-2291 (phone) 815-645-8145 (fax)~~

INTRODUCTION

Board Policy 6:150 Home and Hospital Instruction

A student who is absent from school, or whose physician, physician assistant, or advanced practice registered nurse anticipates that the student will be absent from school, because of a medical condition may be eligible for instruction in the student's home or hospital. Eligibility shall be determined by State law and the Ill. State Board of Education rules governing (1) the continuum of placement options for students who have been identified for special education services or (2) the home and hospital instruction provisions for students who have not been identified for special education services. Appropriate educational services from qualified staff will begin no later than five school days after receiving a written statement from: (1) a physician licensed to practice medicine in all of its branches, (2) a licensed physician assistant, or (3) a licensed advanced practice registered nurse. Instructional or related services for a student receiving special education services will be determined by the student's individualized education program.

A student who is unable to attend school because of pregnancy or pregnancy-related conditions, the fulfillment of parenting obligations related to the health of the child, or health and safety concerns arising from domestic or sexual violence as defined in 105 ILCS 5/26A, will be provided home instruction, correspondence courses, or other courses of instruction under the following circumstances:

1. Before the birth of the child when the student's physician, physician assistant, or advanced practice registered nurse indicates, in writing, that she is medically unable to attend regular classroom instruction.
2. For up to three months after the child's birth or a miscarriage.
3. When a student must care for his or her ill child if:
 - The child's physician, physician assistant, or advanced practice registered nurse informs the District, in writing, that the child has a serious health condition that would require the student to be absent from school for two or more consecutive weeks; and
 - The student or the student's parent/guardian informs the District, in writing, that the student needs to care for the child during this period.
4. The student must treat physical or mental health complications or address safety concerns arising from domestic or sexual violence when a health care provider or an employee of the student's domestic or sexual violence organization, as defined in 105 ILCS 5/26A, informs the District, in writing, that the care is needed by the student and will cause the student's absence from school for two or more consecutive weeks.

The District may reassess home instruction provided to a student under No. 3 or No. 4 every two months to determine the student's continuing need for home instruction.

Periodic conferences will be held between appropriate school personnel, parent(s)/guardian(s), and hospital staff to coordinate course work and facilitate a student's return to school.

LEGAL REF.:

105 ILCS 5/10-19.05(e), 5/10-22.6a, 5/14-13.01, and 5/18-4.5.

23 Ill.Admin.Code §§1.520, 1.610, and 226.300.

CROSS REF.: 6:120 (Education of Children with Disabilities), 7:10 (Equal Educational Opportunities), 7:250 (Student Support Services), 7:255 (Students Who are Parents, Expectant Parents, or Victims of Domestic or Sexual Violence), 7:280 (Communicable and Chronic Infectious Disease)

ADOPTED: June 12, 2025

~~A student who is absent from school, or whose physician anticipates that the student will be absent from school, because of a medical condition may be eligible for instruction in the student's home or hospital. Eligibility shall be determined by State law and the Illinois State Board of Education rule governing the continuum of placement options for home/hospital services. Appropriate educational services from qualified staff will begin no later than 5 school days after receiving a physician's written statement. Instructional or related services for a student receiving special education services will be determined by the student's individualized education program.¶¶~~

~~A student who is unable to attend school because of pregnancy will be provided home instruction, correspondence courses, or other courses of instruction (1) before the birth of the child when the student's physician indicates, in writing, that she is medically unable to attend regular classroom instruction, and (2) for up to 3 months after the child's birth or a miscarriage.¶¶~~

~~Periodic conferences will be held between appropriate school personnel, parent(s)/guardian(s), and hospital staff to coordinate course work and facilitate a student's return to school.¶¶~~

~~LEGAL REF.: 105 ILCS 5/10-22.6a, 5/14-13.01, 5/18-4.5, and 5/18-8.05.¶¶~~

~~23 Ill.Admin.Code §§1.610 and 226.300.¶¶~~

~~CROSS REF.: 6:120 (Education of Children with Disabilities), 7:10 (Equal Educational Opportunity), 7:280 (Communicable and Chronic Infectious Disease)¶¶~~

~~¶¶~~

~~Reviewed: March 15, 2012~~

Requests for individualized, one-on-one tutoring for the purpose of increasing comprehension of instruction are not the responsibility of the Homebound Tutoring Program.

ELIGIBILITY REQUIREMENTS

STUDENTS

Students must be currently registered in a school district of Meridian CUSD 223; the parent/legal guardian must be a resident of the school district of Meridian CUSD 223.

Tutoring will be conducted outside the home unless the student, unless student has physical limitations requiring the education to be in the home. Parental presence is required during each

tutorial session. Homebound Tutoring Services will be discontinued if the student or parent/guardian misses three (3) consecutive of five (5) ~~non-consecutive~~ pre-arranged tutoring sessions.

Those students who are Special Education eligible will have a copy of the current Individualized Education Plan (IEP) attached to the tutor packet. This enables the tutor to maintain the student's academic goals and objectives.

It is the responsibility of the student and/or the parent/legal guardian to return necessary forms to the Counseling Office at the child's school ~~Stillman Valley High School~~. Services will not start until all forms are completed.



ELIGIBILITY REQUIREMENTS, Con't.

TUTORS

Tutors must hold a valid current State of Illinois Teaching Certificate with proper grade level certification i.e. LBS1 for students ~~student~~ to receive special education per the IEP (Type 39 – substitute certificate cannot be accepted). Certificates ~~Certificate~~ must be on file in the Human Resources Department at the Meridian CUSD 223 District office.

Tutors will be rotated from the available pool; however, priority may be given in cases when a particular certification or skill (bi-lingual competency, special education, advanced content, etc) is required or requested. Teachers accepting tutoring assignments must tutor outside contracted working hours.

REQUIRED FORMS

In order to initiate Homebound Tutoring Services to eligible Meridian CUSD 223 students, the following forms are provided by and must be returned to the Stillman Valley High School Counseling Office.

PARENT CONSENT



~~Includes basic student and parent/guardian information and requires a parent's signature to verify their request for their child's participation in Homebound Tutoring Services.~~

MEDICAL CERTIFICATION

ISBE Medical Certification for Home Hospital Instruction

Physician Certification for Home/Hospital Services

Both documents are to be completed by a physician, physician assistant, or advanced practice registered nurse, and must include: diagnosis, type of services prescribed, and length of time the student is expected to be absent from school. A doctor must verify that a student will be out of school for a minimum of 10 days, with absences of at least two days at a time, occurring multiple times during the school year. ~~will miss a minimum of eleven (11) consecutive school days during the regular school term before Homebound Tutoring Services can be considered.~~

RELEASE OF CONFIDENTIAL INFORMATION¶

¶

~~This is required by law to allow authorized school personnel to receive any necessary reports or information during the student's absence from school.~~

MEDICAL CLEARANCE

Must be completed by a physician, physician assistant, or advanced practice registered nurse and returned to the office at SVHS before a student may return to school. ~~BEFORE A STUDENT MAY RETURN TO SCHOOL.~~ A student who is allowed to return to school without a medical clearance may leave the district exposed to an additional window of liability should the returning student become ill or suffer any other type of incident.

SUMMARY

Meridian CUSD staff are committed to supporting our students and families throughout the homebound instruction process. Please do not hesitate to contact your child's counseling office if you need assistance with any of the required paperwork or have questions about your child's educational services.

¶

¶

¶

¶

HOMEBOUND INSTRUCTION¶

MERIDIAN CUSD #223	STILLMAN VALLEY HIGH SCHOOL¶
207 West Main St. Stillman Valley, IL 61084	425 S. Pine St. Stillman Valley, IL 61084¶
815-645-2606 (phone) 815-645-4325 (fax)	815-645-2291 (phone) 815-645-8145 (fax)¶

¶

~~Homebound Instruction¶~~

Dear Parent/Guardian,¶¶

¶¶

~~Your student may be eligible to receive Homebound Tutoring Services during a medical leave of absence from school. Eligibility for tutoring services will be determined when all necessary paperwork is completed and returned to the Stillman Valley High School Counseling Office, 425 S. Pine St., Stillman Valley, Illinois 61084. The following forms are enclosed for your completion.¶¶~~

¶¶

~~● Home/Hospital Instruction Parent Consent Form¶¶~~

~~● Medical Certification Form¶¶~~

~~*Please note: This **MUST** be completed even if the original prescription has been sent to the child's home school.¶¶*~~

~~● Release of Student Information¶¶~~

~~● Medical Clearance Form¶¶~~

~~*Please note: This form **MUST** be returned prior to your child returning to school from Homebound Instruction¶¶*~~

¶¶

~~As agreed to on the Parent Consent Form, please be aware of the following.¶¶~~

¶¶

~~● Your child may be entitled to one full hour (60 minutes) of instructional tutoring each day that the home school is in session.¶¶~~

¶¶

~~● If your child is determined eligible, an adult must be present in the home or place of tutoring when tutoring takes place; most often, this is a parent or guardian. The parent/guardian is to sign off on the student's attendance sheet each day the tutor has completed individual instruction.¶¶~~

¶¶

~~● If your child misses three (3) consecutive days, or five (5) days total, tutoring services will be discontinued. Prearranged absences (i.e. doctor's appointments or illness) will not be counted. Please keep your tutor informed.¶¶~~

¶¶

~~● Once homebound instruction begins your child may return to school only after a physician completes a Medical Clearance Form and that form is returned to the SHVS office.¶¶~~

¶¶

~~If you have any questions or concerns regarding your child's participation or eligibility in Homebound Tutoring, please feel free to call me directly at (815) 645-2291 ext. 4147.¶¶~~

¶¶

~~Sincerely,¶¶~~

¶¶

~~Trisha McKendry & Meagan Burris¶¶~~

~~School Counselors¶¶~~

¶¶

¶¶

¶¶

¶¶

HOMEBOUND INSTRUCTION¶¶

~~MERIDIAN CUSD #223¶¶~~

~~STILLMAN VALLEY HIGH SCHOOL¶¶~~

~~207 West Main St. Stillman Valley, IL 61084¶¶~~

~~425 S. Pine St. Stillman Valley, IL 61084¶¶~~

~~815-645-2606 (phone) 815-645-4325 (fax)¶¶~~

~~815-645-2291 (phone) 815-645-8145 (fax)¶¶~~

¶¶

Parent Consent Form¶¶

Dear Parent/Guardian,¶¶

¶¶

Please complete and return this form to the SVHS Counseling Office. By signing and returning this form, the parent/guardian agrees to the following:¶¶

¶¶

- ~~I request and consent that my child received an interim program of Homebound Instruction until such time as the physician determines that my child is medically able to resume a public school program.~~¶¶

¶¶

- ~~My student is entitled to one hour of tutoring for each day that school is in session.~~¶¶

¶¶

- ~~When the instruction is at home, I accept the responsibility of arranging a schedule with the tutor at a time and place when an adult, someone who is 18 or older responsible for making decisions regarding the student, is present during the tutoring session.~~¶¶

¶¶

- ~~It is the responsibility of the parent/guardian to contact the SVHS Counseling Office when services are to begin and to secure a completed Medical Release Form signed by a physician before the student can reenter school.~~¶¶

¶¶

- ~~If my child misses three consecutive days of prearranged tutoring, or five days total, Stillman Valley High School will discontinue tutoring services.~~¶¶

¶¶

(Parent/Guardian) _____ (Date)¶¶

¶¶

(Address) _____ (Phone)¶¶

¶¶

(Student Name) _____ (Student date of birth)¶¶

¶¶

(Teacher/Counselor) _____ (Home School)¶¶

¶¶

☐ ~~My child is enrolled in a bi-lingual program and requires a bi-lingual tutor.~~¶¶

☐ ~~My child has an active IEP: Eligibility: _____~~¶¶

¶¶

Send To: _____ Stillman Valley High School¶¶

_____ 425 S. Pine St.¶¶

_____ Stillman Valley, IL 61084¶¶

¶¶

¶¶

¶¶

HOMEBOUND INSTRUCTION¶¶

~~MERIDIAN CUSD #223~~

~~STILLMAN VALLEY HIGH SCHOOL~~¶¶

~~207 West Main St. Stillman Valley, IL 61084~~

~~425 S. Pine St. Stillman Valley, IL 61084~~¶¶

~~815-645-2606 (phone) 815-645-4325 (fax)~~

~~815-645-2291 (phone) 815-645-8145 (fax)~~¶¶

¶¶

Medical Certification Form¶¶

Homebound Tutoring¶¶

¶¶

Student _____ DOB _____ Female _____ Male _____¶¶

Parent/Guardian _____
Physician's Name (Please Print) _____
Physician's Office Address _____
Physician's Phone _____ Physician's Fax _____
It is the responsibility of the student or parent/guardian to contact the SHVS office when services are to begin.

Medical Information

(To be completed by a physician licensed to practice medicine in all its branches)

Must include diagnosis, recommendations, and expected length of time out of school.

1. Diagnosis _____
2. Ambulatory Status: _____
Fully Ambulatory _____ Uses Crutches _____ In Wheelchair _____ Wears Cast _____
3. Description of the impact of student's medical condition on his/her ability to participate in his/her educational programming (including the student's physical or mental level of tolerance for receiving educational services): _____

4. Student is medically eligible and physically able to be enrolled in: _____
Homebound Tutoring _____ Hospital Instruction _____
5. Dates eligible for services: Begin _____ End _____
Services not to exceed six (6) weeks in duration
6. Provide whether there is any reason(s) why the student should be receive five (5) hours or more of instruction during a school week; and the recommended number of hours per week (if below five hours per week): _____

Physician's Signature _____ Date _____

HOMEBOUND INSTRUCTION

MERIDIAN CUSD #223	STILLMAN VALLEY HIGH SCHOOL
207 West Main St. Stillman Valley, IL 61084	425 S. Pine St. Stillman Valley, IL 61084
815-645-2606 (phone) 815-645-4325 (fax)	815-645-2291 (phone) 815-645-8145 (fax)

Authorization for Release/Exchange of Information

I, _____, hereby authorize the exchange of communications
(Name of Parent/Guardian)

and the release/exchange of the following records concerning _____

(Name of Student)

between Meridian CUSD 223 employees and _____.

(Name of Physician)

Medical Records related to necessity of home/hospital instruction: _____

These disclosures are authorized pursuant to 20 U.S.C. Section 1232g, 105 ILCS 10/1 et seq., and 740 ILCS 110/1 et seq.,* and are to be made for the purpose of educational planning for _____.

I understand that I have the right to inspect and copy _____

(Name of Student)

the information to be disclosed, challenge its contents, and limit my consent to designated records or portions of the information contained in those records. I also understand that my refusal to consent to the exchange of records and communications could result in incomplete and/or inappropriate educational planning for _____.

(Name of Student)

This consent expires one year from the date indicated below. However, I understand that I have the right to revoke this consent in writing at any time.

Parent/Guardian Signature _____ Date _____

Student Signature (for mental health/developmental disability records, if student is age 12 or older) _____ Date _____

Witness Signature (for mental health/developmental disability records) _____ Date _____

*NOTE: Prior to the release of protected health information, health care providers may require the parent/guardian to execute an additional authorization form to comply with the Health Insurance Portability and Accountability Act ("HIPPA").

HOMEBOUND INSTRUCTION

MERIDIAN CUSD #223	STILLMAN VALLEY HIGH SCHOOL
207 West Main St. Stillman Valley, IL 61084	425 S. Pine St. Stillman Valley, IL 61084
815-645-2606 (phone) 815-645-4325 (fax)	815-645-2291 (phone) 815-645-8145 (fax)

Medical Clearance Form

This form is to be completed and signed by a physician. Completed forms are then submitted to the Stillman Valley High School Counseling Office prior to the student's return to school.

- ~~1. Guidance Office: to submit the first homework request. Assignments are to be collected for pick up by the tutor in the guidance office or main office. ¶~~
- ~~2. Tutor: exchange basic student information, length of tutoring assignment ¶~~

~~¶~~
~~Upon notification by the GUIDANCE DEPARTMENT ¶~~

~~¶~~
~~Meridian CUSD 223 teachers, counselors, and building administrators are obligated by school code to cooperate in providing assignments and materials for eligible students to continue their academic studies while on medical leave. ¶~~

~~¶~~
~~Teachers are required to assemble books, materials and assignments for the student in weekly intervals within three (3) working days of the initial request and submit work to the counseling office *within three working days of the first homework request.* ¶~~

~~¶~~
~~The primary gathering and returning of materials becomes the responsibility of the counselor. Assignments/materials should be ready for the tutor to pick up in the counseling office *within three working days of the first homework request.* ¶~~

~~¶~~
~~The student's books and assignments are picked up and delivered to the student by the tutor. In turn, the tutor will return completed assignments to the home school on a *weekly* basis. The teacher of record is ultimately responsible for assessing and assigning grades to work assigned during the student's absence. ¶~~

~~¶~~
~~Specific questions regarding assignments will be directed to the assigning teacher through the tutor. ¶~~

~~¶~~ GRADING ¶

~~¶~~
~~All completed work is submitted to the classroom teacher who will assess and assign a grade for each assignment. Situations that require tutoring for more than one semester will be addressed on a case-by-case basis. ¶~~

~~¶~~ SUBJECTS NOT TAUGHT THROUGH SERVICES ¶

~~¶~~
~~Subjects, such as laboratory courses, will be carefully reviewed by the homebound tutoring office, counselor, classroom teacher, and/or special education program administrator (if applicable) to determine the feasibility of instruction for specific courses. ¶~~

~~¶~~

~~¶~~

~~¶~~

~~¶~~

~~¶~~

~~¶~~ TESTS ¶

~~¶~~
~~The homebound tutor will be present when the student takes exams. Tests will not be given prior to the "test" session and will be returned by the homebound tutor. ¶~~

~~¶~~

~~¶~~

~~¶~~ PROGRESS REPORTS ¶

~~¶~~

- ~~Used to chronicle the collection and completion of assignments, conversations and visits with student and parent/guardian, contacts between tutor and SVHS Counseling Office, description of activities during each session, and other pertinent information.~~¶¶
- ~~Document the reason(s) for any and all missed sessions, any conflicts in getting assignments or materials, or any other situation that the SVHS Counseling Office would need to be informed about.~~¶¶
- ~~Submitted to the SVHS Counseling Office by the 15th of each month following services.~~¶¶
- ~~Must accompany Payroll and Attendance Verification Sheet.~~¶¶

¶¶

PAYROLL AND ATTENDANCE VERIFICATION¶¶

¶¶

~~Students participating in Homebound Tutoring Services are entitled to one hour (60 minutes) of direct instruction for each day that school is in session. Tutors are advised to consult the school calendar and to call ahead to ensure the student and parent/guardian will be home.~~¶¶

¶¶

~~Documentation of tutoring sessions, attendance, and student progress are to be submitted to the SVHS Counseling Office monthly. Tutors are responsible for submitting necessary documentation to the SVHS Counseling Office in a timely manner. All forms are due by the 15th of each month following services provided. Failure to adhere to these guidelines may result in delay or denial of payment.~~¶¶

¶¶

~~**Tutoring may only take place outside of the teacher's contracted working hours (before or after school).** It is not appropriate to make visits on non-attendance days without prior permission from the SVHS District Office~~¶¶

¶¶

~~Homebound Tutoring Services may only be authorized to continue past the end of the regular school year, with permission from the SVHS Counseling Office.~~¶¶

¶¶

- ~~Tutoring sessions will consist of one hour of direct instruction on school days as determined by the school calendar.~~¶¶
- ~~The tutor is to communicate the child's attendance. One hour of tutoring equates to one half (1/2) day of student attendance.~~¶¶
- ~~The tutor is required to have the parent/guardian sign off on the Payroll and Attendance Verification for **EACH DAY** that tutoring takes place.~~¶¶
- ~~Submit by the 15th of the month following services provided. Any delays in submitting Payroll Verification sheets to the SVHS District Office may result in delay or denial of payment.~~¶¶
- ~~Must accompany Progress Report with required signatures prior to being forwarded for payment.~~¶¶

¶¶

¶¶

¶¶

¶¶

¶¶

¶¶

¶¶

¶¶

¶¶

¶¶

¶¶

¶¶

¶¶

¶¶

¶¶

¶¶

¶¶

¶¶

HOMEBOUND INSTRUCTION¶¶

~~MERIDIAN CUSD #223~~

~~STILLMAN VALLEY HIGH SCHOOL~~¶¶

~~207 West Main St. Stillman Valley, IL 61084~~

~~425 S. Pine St. Stillman Valley, IL 61084~~¶¶

~~815-645-2606 (phone) 815-645-4325 (fax)~~

~~815-645-2291 (phone) 815-645-8145 (fax)~~¶¶

¶¶

Progress Report¶¶

¶¶

TUTOR: _____↵

¶¶

1

S

This image shows a single sheet of white paper with horizontal blue lines, similar to standard notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

..

II

11



2

8

D

11

Document tutoring hours below. The student's parent/guardian must sign this form each day to verify the days of tutoring. Once complete, return to Sarah Dyal, counseling secretary at SVHS. Form must be received no later than the 15th of the month following services.

Student: _____ Homebound Tutor _____

Home School: _____ Grade: _____

Date Submitted to SVHS Counseling Office: _____

Date	Hours	Parent/Guardian Signature
		Please sign each day your child received tutoring
	Total Hours: _____	Tutor Signature _____

For Office Use Only

Student Attendance Hours _____ (1/2 day for each tutoring session)

Hourly Rate _____ Total Pay _____

Any delay in submitting this form to OCEC may result in delay or denial of payment

Administrator Signature: _____

HOMEBOUND INSTRUCTION

MERIDIAN CUSD #223 _____ STILLMAN VALLEY HIGH SCHOOL _____

207 West Main St. Stillman Valley, IL 61084 _____ 425 S. Pine St. Stillman Valley, IL 61084 _____

815-645-2606 (phone) 815-645-4325 (fax) _____ 815-645-2291 (phone) 815-645-8145 (fax) _____

Dear Parent/Guardian

~~Your student is eligible to receive Homebound Tutoring Services during a medical leave of absence from school. Tutoring services can begin when all necessary paperwork is completed and returned to Stillman Valley High School.~~

~~¶¶~~

~~As agreed to on the Parent Consent Form, please be aware of the following.~~

~~¶¶~~

- ~~● Your child is entitled to one full hour (60 minutes) of instructional tutoring each day that the home school is in session.~~

~~¶¶~~

- ~~● An adult must be present in the home when tutoring takes place; most often, this is a parent or guardian. The parent/guardian is to sign off on the student's attendance sheet each day the tutor has completed individual instruction.~~

~~¶¶~~

- ~~● If your child misses three (3) consecutive days, or five (5) days total, tutoring services will be discontinued. Prearranged absences (i.e. doctor appointments or illness) will not be counted. Please keep your tutor informed.~~

~~¶¶~~

- ~~● Your child may return to school *only after a physician completes a Medical Clearance Form* and that form is returned to the home school.~~

~~¶¶~~

~~If you have any questions or concerns regarding your child's participation in Homebound Tutoring, please feel free to call me directly at the number listed above.~~

~~¶¶~~

~~Sincerely,~~

~~¶¶~~

~~¶¶~~

~~¶¶~~

~~Trisha McKendry & Meagan Burris~~

~~School Counselors~~