

# GALLATIN COUNTY

## COMMUNITY UNIT SCHOOL DISTRICT NO. 7

Judy Kaegi, Superintendent  
5175 Highway 13  
Junction, Illinois 62954  
(618) 272-3821

Dear Parents/Guardians:

After careful consideration, Gallatin County CUSD 7 Board of Education has decided to return to a regular learning schedule for the 2021-2022 school year. This means students will attend school Monday through Friday from 8:05 to 3:10. We plan to limit our existing full remote learning option to only those students with a medical necessity for remote learning.

Beginning in August of 2021, students will be required to have an approved COVID Medical Certification Remote Instruction form on file at their school in order to remain on full remote learning status. Only students with an approved form on file will be allowed to participate in full remote learning starting during the 2021-2022 school year. All other students will be expected to attend class in person. This form will not have to be completed for exclusions initiated by school officials. If a student is required to quarantine by order of the health department or their doctor's advice either due to exposure or diagnosis with COVID-19, will not require this form. A note from the health department or doctor stating the dates of quarantine is sufficient.

This form can also be found on our website at [gallatincusd7.com](http://gallatincusd7.com). It is under the medical form tab. You may also request a copy of this form by calling your child's school.

Parents choosing remote learning must do so for at least a semester at a time. In addition, all instruction for full remote learners during the 2021-2022 school year will be provided virtually, by Edmentum, which is a virtual learning company. Students will need to have a virtual learning coach (i.e., family member) to assist them in their learning. Full time remote learners will not have District #7 teachers but will be assigned to a district coordinator who will monitor learning and provide assistance when needed. Students with a medical certification remote instruction form on file, will not participate in extracurricular activities in the 2021-2022 school year.

These changes are intended to be the first step toward reopening our schools and returning to a normal school environment. **Forms must be completed by a licensed medical professional and returned to your child's school office by August 2, 2021**, in order to be considered for remote learning next year. If you have any questions, please contact your building principal. We thank you again for the continued support and understanding that you have shown us throughout this pandemic. School begins on August 13th for students with a half day of attendance; dismissal time will be at 11:15.

Sincerely,

Judy Kaegi  
Superintendent

**Gallatin County Community School District #7**

5175 Highway 13 Junction, Illinois 62954

Phone: (618) 272-3821 Fax: (618) 272-4101

www.gallatincusd7.com

Judy Kaegi  
Superintendent

Jara Mitchell  
High School Principal

Chris Fromm  
K-8 Principal

Jeff Herrmann  
K-12 Assistant Principal

**Medical Certification – Remote Instruction**  
**COVID – 19**

This form must be completed and returned to the local school district **before** services can be initiated.

The Illinois State Board of Education (ISBE) has indicated that Home/Hospital Instruction (to include remote instruction) is the most restrictive educational and social environment in which a student may be placed. Students receiving Home/Hospital Instruction will not have physical contact with their peers during the school day. Accordingly, the goal of Home/Hospital Instruction is to “afford the student experiences equivalent to those afforded to other students at the same grade level and are designed to enable the student to return to the classroom.”

In order to establish eligibility for home or hospital services, a student’s parent/guardian must submit to the child’s school district of residence this written statement from a licensed medical physician.

Student’s Name: (Last, Middle, First) PLEASE PRINT		Student’s Address:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Grade Level:	Phone Number:
			School District:
Parent/Guardians’ Name(s): (Last, First) PLEASE PRINT			

Does the student have a current IEP? ☐ Yes ☐ No

Does the student have a 504 Plan? ☐ Yes ☐ No

Is the student an English Language Learner? ☐ Yes ☐ No

**Section 1 – THIS SECTION TO BE COMPLETED BY LICENSED MEDICAL PHYSICIAN**

Illinois Rules & Regulations for Special Education for Home/Hospital Instruction state that the student will or is anticipated to, due to the student's medical condition, be out of school for a minimum of one consecutive weeks of school (5 days) or more or on an "ongoing intermittent basis." (An "ongoing intermittent basis" is defined as that the student's medical condition is of such a nature or severity that it is anticipated that the student will be absent from school due to the medical condition for periods of at least two days at a time, multiple times during the school year totaling at least ten days or more of absences.)

**Medical Diagnosis of physical or mental health condition**— please include approximate date condition commenced and probable duration

---

---

---

**Date of Last Appointment:** \_\_\_\_\_ **Frequency of Appointments:** \_\_\_\_\_

**Signature of Medical Professional:** \_\_\_\_\_

**Is the request for Home/Hospital Instruction being made because of COVID-19?** ☐ Yes ☐ No

**If you answered yes to the above question, please identify the barriers COVID-19 has on the student's ability to attend in-person instruction:** *The District is complying with ISBE/IDPH and CDC recommendations for return to school to include: mandatory face coverings, hand washing, frequent cleaning, etc.*

---

---

---

**Is the student quarantined because of exposure or possible exposure to COVID-19?** ☐ Yes ☐ No

**If you answered yes to the above, please provide the anticipated return date** (*A release to return to school will be required*): \_\_\_\_\_

**Is the request for home instruction for reasons other than COVID-19?** ☐ Yes ☐ No

**If you answered yes to the above question, please identify the barriers preventing student from attending in person instruction, including part day:** \_\_\_\_\_

---

---

**In addition to protocols recommended by the ISBE, IDPH and CDC, are there other in-school accommodations or modifications, including partial day attendance that could be made to allow attendance at the home school before making the recommendation for home instruction?**

---

---

---

**I recommend home/hospital instruction:**      ☐ Yes ☐ No

- ☐ Full time home instruction *(student will NOT attend school, can participate in remote instruction)*
- ☐ Part-time home instruction *(student will attend school part-time)*
- ☐ Intermittent home instruction *(short-term home instruction for a specific time period)*

Illinois requires a minimum of 5 hours per week of home instruction. If the student cannot tolerate that amount of instruction due to his/her medical condition, **please indicate how many hours of instruction per week the student should receive:** \_\_\_\_\_

**Estimated date when student will no longer need home/hospital services** *(Please note that the terms lifetime, unknown, or indeterminate do not meet state requirements. If the student's condition requiring removal from the classroom will continue indefinitely, the IEP team should discuss all placement options available. )*

**Date:** \_\_\_\_\_

**List prescribed medication(s) and any side effects relevant to academic instruction:**

---

---

**List any special recommendations to the teacher regarding the treatment plan and how it will affect academic instruction:**

---

---

To the extent possible, home instruction will be provided remotely. **When remote instruction is not possible, can in-home instruction be provided:** ☐ Yes ☐ No

**If yes,** identify any accommodations required, other than ISBE, IDPH or CDC recommendations, to be followed in the home environment:

---

**Plan for return to school** *(including medical needs/accommodations necessary for the student to return to school):*

---

---

**Anticipated return date:** \_\_\_\_\_

**Section 2 – THIS SECTION FOR SCHOOL DISTRICT USE**

**Student qualifies for remote instruction?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Explanation** (lack of documentation, indefinite return, alternative placement made):

---

---

**Date of request:** \_\_\_\_\_

☐ Original Request

☐ Extension

**Beginning date of remote instruction:** \_\_\_\_\_

**Beginning date of extension:** \_\_\_\_\_

*(Beginning date on extension must consecutively follow end date of original.)*

**Date request received:** \_\_\_\_\_

**IEP/504 Team Meeting date, if applicable:** \_\_\_\_\_