

STOUGHTON PUBLIC SCHOOLS

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Physician Affirmation for Temporary Home or Hospital Education for Medically Necessary Reasons

A Stoughton Public School student, who, due to documented medical reasons, is confined to home or a hospital for fourteen (14) school days or more during the school year, is entitled to receive home/hospital educational services as described under 603 CMR 28.03(3)(c). Students with chronic illnesses who have recurring home/hospital stays of less than 14 consecutive school days, when such recurrences have added up to or are expected to add up to more than 14 school days in a school year, are also eligible for home or hospital educational services.

Once the student's physician determines that a student's medical condition will require either hospitalization or home care for 14 days or more, the physician fills out and signs the Massachusetts Department of Elementary and Secondary Education (DESE) Physician's Affirmation of Need for Temporary Home and Hospital Education for Medically Necessary Reasons Form, or written equivalent (signed note, letter, etc.).

At a minimum the physician's signed notice must include the following:

- 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
- Medical needs of the student that should be considered in planning the home or hospital education services
- Signed attestation that the physician is the student's treating physician and that the student is anticipated to be confined to the home, hospital and/or pediatric nursing home for medical reasons for 14 or more days in a school year.

Pursuant to 603 CMR 28.04(4), if the student is an eligible special education student and if, in the opinion of the student's physician, an eligible special education student is likely to remain at home, in a hospital, or in a pediatric nursing home for medical reasons for more than 60 school days in any school year (consecutively or cumulatively), then the physician may instead fill out and sign the DESE Physician's Affirmation of Medical Reasons That Student is Likely to Remain at Home, in a Hospital, or in a Pediatric Nursing Home for More than 60 School Days Form, or written equivalent in some other format (signed note, letter, etc.). All of the requirements listed above must be included in the form or written equivalent. A valid 60+ school days form for a student with an IEP requires the school to promptly reconvene the IEP Team.

Please note that physician is defined by DESE to include doctors (e.g. a pediatrician, internist, medical specialist, psychiatrist) as well as a nurse practitioner.

Stoughton Public Schools Home-Hospital Tutoring Process:

1. The Parent/guardian contacts the school nurse and the building principal is notified. If any other member of the staff is contacted, they will contact the school nurse immediately.
2. Parent/guardian receives the appropriate form (below) from the nurse to bring to the physician overseeing student's illness for completion and signature;
3. The completed form is received by the school nurse and forwarded to the student's school counselor (general education) or Mrs. Kim Egan (k_egan@stuoughtonschools.org) in the Special Education District Office for review;
4. The completed form will prompt the school administration and/or special education department to post for a tutor.
5. If the absence is due to medical issue, the form is forwarded to School Nurse who becomes Re-entry Team Leader;
6. If the absence is due to psychological/emotional/trauma issues, the form is forwarded to Guidance/Adjustment Counselor as assigned Re-entry Team Leader.

7. Monitoring of the tutoring happens through either the school counselor or the Special Education Department, with status reporting by the assigned School Counselor or School Nurse as changes occur (e.g., student discharged, further issues identified, etc.)

Please see the links below for the DESE physician statement forms and a detailed question and answer guide regarding Home/Hospital Tutorial from DESE.

[DESE Q&A-Home/Hospital](#)

[Physician's Affirmation of Need for Temporary Home or Hospital Form \(14-59\) Days](#)

[Physician's Affirmation Home Hospital Form - 60 Days or Longer](#)