



Agua Fria Union High School District

Student Chronic Illness Notification (Staff) and SYNERGY Entry

Check School:



Student Name: _____ Date: _____
 (PRINT) Last First Middle

Grade: 9 10 11 12

The above-named student has been medically evaluated by a certified health professional or nurse practitioner) as having a chronic illness and has provided the Health Office with required Certification of Students With Chronic Health Conditions documentation.

The Chronic Illness Certification must be reviewed and renewed every ninety (90) days.

Please be aware that school personnel cannot request that Unexcused absences for students with a Chronic Illness form on file be changed to Excused absences. The Parent/guardian is required to call attendance each day that the student is absent regardless that a Chronic Illness form is on file with the school.

Please sign and date below to acknowledge that you are aware that this student is currently under a diagnosis of a chronic illness. Teachers should be aware that Governing Board Policy requires that you make arrangements to provide this student with assignments and course evaluation opportunities. Chronic illness absences can be intermittent over a period of time, or can be a consecutive extended period of time. Governing Board Policy JHD and accompanying exhibits provide additional information.

	Print Name	Sign Name	Date
Guidance Counselor:	_____	_____	_____
Attendance Clerk:	_____	_____	_____
Registrar:	_____	_____	_____
Teacher:	_____	_____	_____
Teacher:	_____	_____	_____
Teacher:	_____	_____	_____
Teacher:	_____	_____	_____
Teacher:	_____	_____	_____
Teacher:	_____	_____	_____
Principal:	_____	_____	_____

Data Specialist: _____
 Date Received: ____/____/____ Date Entered in SYNERGY: ____/____/____ Signature: _____

JHD © AGUA FRIA UNION HIGH SCHOOL DISTRICT NO. 216
EXCLUSIONS AND EXEMPTIONS
FROM SCHOOL ATTENDANCE

(Chronic Health Conditions)

The District will provide appropriate educational opportunities for any student identified by an appropriately certified health professional in the fields of podiatry, chiropractic, medicine, naturopathic medicine, osteopathy, physician assistant, or registered nurse practitioner as having a chronic health condition requiring management on a long-term basis that will affect regular school attendance. Homework will be made available in a timely manner to ensure that such students have the opportunity to successfully complete assignments and avoid losing credit because of their absence from school. The assigned teacher(s) shall have the responsibility to provide, in a timely manner, homework for students designated as having chronic health conditions. Further, students with chronic health conditions shall be provided flexibility in physical education activity requirements so that they may participate in the regular physical education program to the extent that their health permits. Staff members responsible for physical education activities programs shall develop and implement such guidelines.

Nothing in this policy shall be construed to obstruct, interfere with or override the rights of parents or guardians concerning the education and health care of pupils with chronic health problems.

Nothing in this policy shall be construed to authorize school personnel to either:

- Authorize absences from school for a student with a chronic health problem without the prior consent of the student's parent or guardian.
- Recommend, prescribe or provide medication to a student with a chronic health problem without the prior consent of the student's parent or guardian.

The Superintendent shall develop regulations for meeting the requirements of this policy.

Adopted: December 8, 2010

LEGAL REF.:

A.R.S.

15-346

15-761

15-843

15-902

32-801 et seq.

32-900 et seq.

32-1401 et seq.

32-1501 *et seq.*
32-1601 *et seq.*
32-1800 *et seq.*
32-2501 *et seq.*

CROSS REF:
IHBF - Homebound Instruction

JHD-R ©

REGULATION AGUA FRIA UNION HIGH SCHOOL DISTRICT NO. 216

EXCLUSIONS AND EXEMPTIONS FROM SCHOOL ATTENDANCE

(Chronic Health Conditions)

Identification/Referral Process

Staff members shall be informed of procedures to follow in serving "students with chronic health conditions." Teachers will review registration data and make note of any students who were previously served as students with chronic health conditions.

Registration forms, enrollment data, and attendance registers will identify certified students with chronic health conditions who are eligible for modified instructional services.

The screening procedures used to screen kindergarten students and new enrollees for possible referral to special education or compensatory programs will provide an indication of whether students with high absenteeism have health conditions that may be considered chronic if they are due solely to illness, disease, pregnancy complications, an accident or severe health problems of an infant child of a student. Students can be identified or referred at any time during the school year.

The person responsible for collection of attendance data shall be informed of these available services and should be given direction for noting whether a student's frequent absences are due to illness, disease, pregnancy complications, an accident or severe health problems of an infant child of a student. Registration, enrollment, and attendance procedures shall indicate eligible students with chronic health conditions for documenting average daily membership (ADM) adjustments with the Arizona Department of Education, School Finance Section.

When a student is identified as possibly requiring services as a student with a chronic health condition (via registration, screening procedures, attendance data, or parent referral), a chronic health condition certification form with a letter of explanation shall be sent to the parents, to be returned within thirty (30) days. The teacher and parent shall meet within fifteen (15) days following return of the chronic health condition certification.

Upon referral of a student for chronic health condition certification, the school nurse, if applicable, shall be consulted to include any chronic health condition data in the nurse's records (i.e., the annual report that identifies types of chronic illnesses monitored). The nurse may provide information to assist teachers in dealing with chronic health conditions.

Eligibility Criteria

The parents shall submit a written chronic health condition certification to the District, which will include:

- Certified health professional or nurse practitioner diagnosis.
- Certified health professional or nurse practitioner prognosis.
- Physical limitations affecting physical education activities and requirements.
- Anticipated surgeries, treatment, or hospitalizations that, although not expected to cause sufficient absences to require homebound services, may interfere with regular school attendance.
- Certified health professional or nurse practitioner signature and date signed.

The appropriate instructional services needed are to be recommended by the teacher after consultation with the parent according to the following considerations:

- The nature of the health condition relevant to the student's anticipated activity level during absences (based on review of the chronic health condition certification).
- The student's academic capacity.
- The teacher's recommendations for service delivery based on course-work difficulty and the student's ability to learn independently.
- The amount of face-to-face instruction time required by the student for optimum continuous learning outside the regular classroom.
- The most appropriate service delivery in order to maintain integration in the regular education program as much as possible (i.e., regular physical education activities).

After the teacher and the parent have discussed the student's needs, an instructional agreement will be recommended by the parent and the teacher specifying the delivery and return of homework assignments and anticipated contact time with the teacher to assist the student in completing required course work during absences. This agreement, together with the teacher's recommendation for appropriate instructional services, will be forwarded to the administration for review and modification, if necessary, prior to signature by the parent, teacher, and Superintendent.

If the absences of a student who is classified and has served as a student with a chronic health condition amount to three (3) school months (or sixty [60] school days), another chronic health condition certification shall be obtained and reviewed by the teacher and the parent. They shall discuss the appropriate service delivery necessary for continuous learning. If homebound services are appropriate, the policies for referral shall be followed, which may entail:

- Obtaining parental consent to evaluate.

- Obtaining chronic health condition certification.

On a yearly basis, the District shall review instructional needs of any student with a chronic health condition. An updated chronic health condition certification shall be obtained for each school year to verify the need for continuing instructional modifications and ADM adjustments, if applicable. However, the student may be recertified at any time to reevaluate appropriate services needed.

Miscellaneous Provisions

Homework assignments will be provided during absences of students with chronic health conditions, and credit will be given for course work completed within established time lines.

Students with chronic health conditions will be given credit for completed course work if frequent absenteeism is due to chronic health conditions as certified by a Certified health professional or nurse practitioner.

Physical education course-work requirements shall include the option for students with chronic health conditions to participate in regular program activities as much as their health permits. Such students shall be provided integrated educational programming as much as possible. Modification to requirements may be made with Board approval.

The counselors who schedule students with chronic health conditions will take into consideration the anticipated days of absence (noted on the medical certification form) and the feasibility of completing courses requiring laboratory work or vocational workshops.

JHD-EA ©

EXHIBIT AGUA FRIA UNION HIGH SCHOOL DISTRICT NO. 216

EXCLUSIONS AND EXEMPTIONS FROM SCHOOL ATTENDANCE

Dear _____:

This letter is to inform you that the School District makes special arrangements for homework assignments for certain students who have "chronic (recurring) health conditions." As a result of frequent absences from school because of illness or an accident, _____ may be eligible to receive modified instructional services provided for "students with chronic health conditions."

A form is enclosed asking your family's certified health professional or nurse practitioner to state how this health condition is affecting school attendance. If your certified health professional or nurse practitioner believes the condition to be "chronic" and anticipates frequent absences for the school year (but fewer than sixty [60] school days, as for

homebound services), please ask the certified health professional or nurse practitioner to fill out the medical certification form and return it to the school.

If _____ is eligible as a "student with a chronic health condition," the school will make sure that you receive homework and contact with a teacher *during* necessary absences. The teacher will work out an agreement for homework assignments with you to assure receipt of credit for completed homework.

If you have any questions, please contact me at _____.

Sincerely,

JHD-EB ©

EXHIBIT AGUA FRIA UNION HIGH SCHOOL DISTRICT NO. 216

**EXCLUSIONS AND EXEMPTIONS
FROM SCHOOL ATTENDANCE**

**CERTIFICATION OF STUDENTS WITH
CHRONIC HEALTH CONDITIONS**
(Obtained from a certified health professional or nurse practitioner)

_____ Student's name	_____ Parent's name	_____ Address
_____ District	_____ School	_____ Grade level
_____ Date of birth	_____ Phone number	_____ Date of initial consultation

Certified health professional or nurse practitioner diagnosis:

Certified health professional or nurse practitioner prognosis:

Physical limitations affecting physical education activities:

Anticipated absences due solely to illness, disease, pregnancy complications, an accident or severe health problems of an infant child of a student (include anticipated surgeries, treatments, or hospitalizations that may interfere with school attendance during the _____ year):

Example 1: _____'s physical condition may result in frequent absences in the school year that may exceed ten (10) consecutive school days per semester, but I do not anticipate that _____ will be absent enough days to require homebound services.

Example 2: _____ will require three (3) hospitalizations of approximately four (4) days duration each and three to five (3 - 5) treatments of one (1) day each during the school year.

Other relevant information:

Type or print Certified health professional or nurse practitioner name and licensed title

Date _____ Certified health professional or nurse practitioner
signature and title

(The school nurse may not provide diagnosis, prognosis nor complete this form.)

(A copy of this completed and signed form must be scanned to the Curriculum and Instruction Administrative Secretary.)

JHD-EC ©

EXHIBIT AGUA FRIA UNION HIGH SCHOOL DISTRICT No. 216

EXCLUSIONS AND EXEMPTIONS
FROM SCHOOL ATTENDANCE

INSTRUCTIONAL AGREEMENT FOR STUDENTS WITH
CHRONIC HEALTH CONDITIONS

School year _____

Student's name (Print) _____ Grade level _____ Date _____

Parent's name (Print) _____ Address _____

Person responsible for homework coordination _____ Position _____ School _____

Eligibility checklist:

- _____ 1. Medical certification form of chronic health condition (diagnosis, prognosis, and inability to attend school regularly) completed and returned to guidance counselor. Initial _____ Date _____
- _____ 2. Medical certification form of physical limitations for physical education returned to guidance counselor. Initial _____ Date _____
- _____ 3. Data Specialist notified of student's chronic health condition status and has noted chronic condition in SYNERGY. Initial _____ Date _____
- _____ 4. School nurse has received the certified health provider approved Chronic Health Condition Certification form from guidance counselor. Initial _____ Date _____
- _____ 5. Student's teacher(s) notified of student's chronic health condition status and have been notified of homework provision and parent contact information regarding student excused absences. (Note: Student must take all course, district and state exams.)

Teacher Initial _____ Teacher name (print) _____ Course _____ Date: _____

Teacher Initial _____ Teacher name (print) _____ Course _____ Date: _____

Teacher Initial _____ Teacher name (print) _____ Course _____ Date: _____

Teacher Initial _____ Teacher name (print) _____ Course _____ Date: _____