

## **CHRONIC HEALTH CONDITIONS**

EDGE HIGH SCHOOL will provide continued educational opportunities for any student identified by a licensed medical doctor, podiatrist, chiropractor, osteopathic physician, naturopathic physician, physician's assistant, or registered nurse practitioner as having a chronic health condition that will affect regular school attendance.

Students with a chronic health condition are students who are unable to attend regular classes for intermittent periods of one or more consecutive days because of illness, disease, pregnancy complications, or accident but who are not homebound. Students with a condition requiring long-term management or students with an infant with a severe health problem, certified by a licensed medical doctor, podiatrist, chiropractor, osteopathic physician, naturopathic physician, physician's assistant or nurse practitioner also qualify for chronic health status.

Homework will be made available in a timely manner to ensure that qualifying students have the opportunity to successfully complete assignments. The assigned teacher(s) shall have the responsibility to provide homework for students designated as having a chronic health condition. In addition, students with chronic health conditions shall be provided flexibility in any performing arts activity or 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.

### **904.01 Identification and Referral Process**

Staff members shall be informed of procedures to follow in providing services to 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 identify new enrollees for possible referral to special education 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, or accident. Students can be identified or referred at any time during the school year.

The Principal shall coordinate these available services and should be given direction for noting whether a student's frequent absences are due to illness, disease, or an accident. Registration, enrollment, and attendance procedures shall indicate eligible students with chronic health conditions for documenting ADM adjustments with the Arizona Department of Education, School Finance Section.

## **CHRONIC HEALTH CONDITIONS**

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 medical certification form with a letter of explanation shall be sent to the parents, to be returned within thirty (30) days. The case manager, teachers and parent shall meet within fifteen (15) days following return of the medical certification.

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

### **904.02 Eligibility Criteria**

Parents of eligible students shall submit a written medical certification to the school, which will include:

- Medical diagnosis.
- Medical prognosis.
- Physical limitation 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.
- Physician's 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 medical certification).

## **CHRONIC HEALTH CONDITIONS**

- The student's academic progress.
- 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 dance activities).

After the teacher and the parent have discussed the student's needs, an instructional agreement will be developed by the school and the parent 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 Principal for review and approval.

If the absences of an eligible student have reached three school months (or 60 school days), another medical 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 medical certification.

On an annual basis, the school shall review instructional needs of any student with a chronic health condition. An updated medical 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 re-certified at any time to re-evaluate appropriate services needed.

### **904.03 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 licensed physician.

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 the approval of the Principal.

## CHRONIC HEALTH CONDITIONS

### 904.04 (EDGE LETTERHEAD)

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_:

This letter is to inform you that EDGE HIGH SCHOOL 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 physician to state how this health condition is affecting school attendance. If your physician believes the condition to be “chronic” and anticipates frequent absences for the school year (but fewer than 60 days, as for homebound services), please ask the physician 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 case manager during necessary absences. The case manager 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 the school at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Principal



**904.06 MEDICAL CERTIFICATION OF STUDENTS WITH  
CHRONIC HEALTH CONDITIONS**

Student's name \_\_\_\_\_ Parent's name \_\_\_\_\_ Address \_\_\_\_\_

School \_\_\_\_\_ Grade level \_\_\_\_\_ Date of Birth \_\_\_\_\_

Today's Date \_\_\_\_\_ Phone number \_\_\_\_\_ Date of initial consultation \_\_\_\_\_

Medical diagnosis: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medical prognosis: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physical limitation affecting physical education activities:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Anticipated absences due solely to illness, disease, or accident (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 special education 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 day each during the school year.

Other relevant information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Type or print Physician's name and licensed title

\_\_\_\_\_  
 Physician's signature and title

\_\_\_\_\_  
 Date