



# Illinois State Board of Education

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**Darren Reisberg**  
Chairman

**Dr. Carmen I. Ayala**  
State Superintendent of Education

March 30, 2021

VIA EMAIL

Dr. Stephanie Jones  
Chief Officer  
Office of Diverse Learners Supports + Services (ODLSS)  
City of Chicago School District 299  
42 West Madison Street, 3rd Floor  
Chicago, IL 60602

and

Dr. Janice Jackson  
Chief Executive Officer  
City of Chicago School District 299  
42 West Madison Street, 2nd Floor  
Chicago, IL 60602

Re: Systemic Complaint  
Home/Hospital Instruction  
Case Number 2021-CO-0054

Dear Dr. Jones and Dr. Jackson:

The Illinois State Board of Education (ISBE), Special Education Department, has completed its investigation of the January 29, 2021, complaint from Olga Pribyl and Melanie Grant of Equip for Equality; Shira Baron of Legal Aid Chicago; and Julie Harcum-Brennan of Legal Council for Health Justice, regarding special education services for children in the district needing home/hospital services. Authority for conducting this investigation is the Individuals with Disabilities Education Act (IDEA), P.L. 108-446, 34 CFR, 300.151 - 300.153.

The review focused on the following requirements:

**23 Illinois Administrative Code, 226.300, which states in relevant part**

*Each local school district shall, in conformance with the requirements of 34 CFR 300.39 and 300.115, ensure that a continuum of placements is available to meet the needs of children with disabilities for special education and related services. With respect to the home instruction and instruction in hospitals and institutions referenced in 34 CFR 300.39 and 300.115:*

*b) When an eligible student has a medical condition that will cause an absence for two or more consecutive weeks of school or ongoing intermittent absences, as defined in Section 14-13.01(a) of the School Code [105 ILCS 5/14-13.01(a)], the IEP Team for that child shall consider the need for home or*

*hospital services. The provision of home or hospital services shall be based upon a written statement from a physician licensed to practice medicine in all its branches that specifies:*

- 1) the child's medical condition;*
  - 2) the impact on the child's ability to participate in education (the child's physical and mental level of tolerance for receiving educational services); and*
  - 3) the anticipated duration or nature of the child's absence from school.*
- c) Special education and related services required by the child's IEP must be implemented as part of the child's home or hospital instruction, unless the IEP Team determines that modifications are necessary during the home or hospital instruction due to the child's condition. (Section 14-13.01 of the School Code)*
- 1) The amount of instructional or related service time provided through the home or hospital program shall be determined in relation to the child's educational needs and physical and mental health needs.*
  - 2) The amount of instructional time shall not be less than five hours per week unless the physician has certified in writing that the child should not receive as many as five hours of instruction in a school week. In the event that the child's illness or a teacher's absence reduces the number of hours in a given week to which the child is entitled, the school district shall work with the IEP Team and the child's parents to provide the number of hours missed, as medically advisable for the child.*

**34 Code of Federal Regulations, §300.17, which states in relevant part**

*Free appropriate public education or FAPE means special education and related services that-*

- c) Include an appropriate preschool, elementary school, or secondary school education in the State involved....*

**Background and Summary of Allegations**

The complainants alleged that the district's policies and procedures prior to the onset of the COVID-19 pandemic in March 2020 denied a free appropriate public education (FAPE) to children needing special education services in the home setting due to a medical condition, as explained below:

- The district required approval from its manager of home/hospital instruction for home/hospital placements, effectively preventing the Individualized Education Program (IEP) team from determining a child's placement and the nature of services that the child needed.
- The district did not provide direct related services to children receiving special education services in the home setting due to a medical condition.
- The district limited specialized instruction to a maximum of five hours per week for children receiving special education services in the home setting due to a medical condition.
- The district failed to make up services that were not provided in the home setting due to an illness of the child or an absence of a teacher.
- The district only provided services in the home setting after regular school hours and before 7:00 p.m., without consideration of the child's needs and ability to participate in services provided after regular school hours.

**Action Taken in Response to the Complaint**

ISBE took the following actions during the investigation:

- Reviewed the written complaint and supplemental information provided in conjunction with the complaint;
- Met virtually with two of the complainants regarding the issues of the complaint on February 5, 2021;
- Reviewed the district’s written responses to the complaint, dated February 22, 2021, and March 8, 2021, and supporting documentation provided with both responses;
- Conducted a telephone interview with the district’s Home and Hospital Instruction Program Manager (HHIP manager) on March 2, 2021;
- Reviewed a March 9, 2021, supplemental response from the complainants;
- Reviewed additional student records provided by the district on March 17; March 22; and March 26, 2021; and
- Provided questionnaires to the homebound coordinators at 50 schools with students who received homebound services during the 2019-20 school year. District staff completed and returned 39 questionnaires during March 2021.

**Student Information**

The district provided a list of 965 children referred for special education services in the home setting during the 2019-20 school year prior to the onset of the COVID-19 pandemic in March 2020. 806 children were approved to receive services in the home setting.

**Findings/Conclusions**

**Issue 1- Continuum of Placement Options {23 IAC 226.300}**

**A. IEP Team Decision**

The following violation is found as explained below:

**Allegation by Complainants**

The complaint alleged that the district requires approval from its HHIP manager for home/hospital placements, effectively preventing the IEP team from determining the nature of services and placement that the child needs. The complainants reported that the district’s “Procedural Manual” requires the HHIP manager and a nurse to attend IEP meetings held to determine a child’s need for services in the home setting (“homebound services”). The IEP team must reconvene if the HHIP manager is not present, even when a district representative attends, resulting in delays or denials of services to children. According to the complainants, the HHIP manager is the only staff member who can remove a block in the district’s student information system to allow homebound services. The complainants asserted that the HHIP manager should not have sole discretion to make decisions about homebound services, as it negates the IEP team’s role in individually determining services.

The complainants reported that a district “frequently asked questions (FAQ)” document states that the HHIP through ODLSS determines a child’s need for homebound services rather than the IEP team. A parent must reportedly submit a referral form, which does not reference the role of the IEP team, to the HHIP manager for review. The complainants asserted that the determination of homebound services is often made unilaterally by the HHIP manager without an IEP meeting and without input from the IEP team, in violation of the IDEA and the Illinois School Code. The

complainants also noted that the FAQ states that the school's homebound coordinator will contact the parent within five school days to schedule an Education Plan meeting to design a plan of instruction, including curriculum, accommodations/modifications, classwork, and grading. The complainants reported that this meeting often does not occur, and that the child begins receiving academic instruction once a teacher becomes available to provide homebound services.

As a remedy for the alleged violation, the complainants requested that the district allow IEP teams to determine a child's need for homebound services rather than the HHIP manager.

#### Response from District

The district responded that the HHIP program administered through ODLSS determines eligibility for homebound instruction based on ISBE guidelines. Eligibility for homebound instruction requires documentation from a licensed medical professional and information from school staff, with approval based on a documented need for homebound services.

The district explained that it provides educational services in the home setting in three circumstances. One circumstance occurs when a child is ill and expected to be absent from school. The second circumstance occurs when a child may be periodically absent throughout the school year and requires intermittent services due to chronic illness. The third circumstance occurs when the least restrictive environment (LRE) is the home setting due to complex medical needs that impede the child's ability to attend school and participate in a full day of classroom instruction for an entire academic year. The district stated that services provided under the third circumstance require administrative approval from the HHIP manager because placement in the home setting is the most restrictive option on the LRE continuum. The district did assert that the HHIP manager collaborates with the IEP team to determine the child's placement.

#### Review of Relevant Information

1. July 2015 sample "Homebound Teacher Application (Form 3)"- District form which stated that homebound services cannot begin without approval from an HHIP administrator.
2. July 2015 sample "Eligibility Letter (Form 4)"- Template letter sent by the HHIP manager to notify a parent that a child is eligible to receive home/hospital services.
3. July 2015 sample "Education Plan (Form 6)"- District form which stated: "Per (ISBE) mandates, the (district) is required to discuss and document on an Education Plan what instruction looks like for every student approved to receive education services in the home or hospital setting. The Education Plan is the planned sequence of instruction (e.g. content, materials, resources, etc.) during the student's approved eligibility period. The Education Plan must document the curriculum (core subject areas), accommodations/modifications of said curriculum, expectations for completed work, and grading criteria that will be followed during the student's approved eligibility period."

The sample form included sections to document identifying information about the child, the child's educational program, and related services. The form indicated suggested meeting participants included the child, parent, classroom teacher, homebound/hospital teacher, and school homebound coordinator.

4. January 2019 sample "Referral for Adjustment of Educational Program"- District form for use when a child needed an adjustment to his or her educational program due to medical or psychiatric reasons. The form required the school nurse to agree or disagree whether the child needed homebound instruction.

5. 2019-20 school year “Procedural Manual: Guidance on Providing Special Education and Related Services to Students with Disabilities Pursuant to the Individuals with Disabilities Education Act (IDEA)”- Manual stated that the HHIP manager and a nurse must be members of the IEP team that makes placements in the home or hospital setting when the child is unable to attend school elsewhere due to a medical condition. Home or hospital services required by the IEP must be implemented no later than five school days after the district receives a written statement from the child’s physician.
6. Undated “(District) Home and Hospital Instruction Program Frequently Asked Questions for Parents”- FAQ document stated that ODLSS determines a child’s eligibility for homebound instruction based on ISBE guidelines. Approval requires documentation from a licensed medical professional and information from school staff and is based on a documented need for homebound services. The goal of homebound instruction is to provide the child access to instruction and to keep the child current with instruction occurring in the classroom while the child cannot attend school.

The HHIP provides instructional support for the core academic classes of English, math, science, and social studies. The identified homebound teacher uses all assignments and materials provided by the child’s classroom teacher. The school’s homebound coordinator is responsible for scheduling and notifying the parent of the Education Plan meeting within five school days of the date of the medical referral. The primary purpose of the Education Plan meeting is to design a plan of instruction for the child, including discussing and documenting the curriculum, accommodations and modifications to the curriculum, expectations for work completion, and grading criteria.

7. Undated “Home and Hospital Instruction Program (HHIP) Standard/Procedure”- The HHIP is guided by state regulations, which require homebound services within five days of a written statement by a physician. The parent must submit a completed referral to school staff for review, which is then submitted to the school nurse for review and signature. A teacher who can provide homebound instruction to the child is identified and completes an application. The completed referral and teacher application are then submitted to ODLSS for review. The HHIP manager reviews the request and either approves it or requests additional medical information from school staff and/or the child’s medical provider to justify the need for homebound services.
8. March 2, 2021, interview with HHIP manager- Each school has a homebound coordinator responsible for coordinating referrals for children with medical or psychiatric diagnoses that prevent their full-time attendance. The coordinator provides the parent with a referral form, which the parent then provides to the physician. The parent returns the completed referral form to the homebound coordinator. The school nurse then reviews and approves the completed referral form or seeks parental consent to obtain more information from the physician if needed.

The homebound coordinator identifies a teacher who can provide services to the child, and the prospective teacher completes an application form. The homebound coordinator submits the teacher application and medical authorization forms to ODLSS. The HHIP manager reviews each form and provides a formal approval letter to the homebound coordinator and teacher, including the start and end date of services, within one to two days after receiving the forms.

The Education Plan meeting is a required component of homebound services, so team members are aware of the child’s medical condition. The meeting usually includes the child,

parent, classroom teacher, homebound teacher, school homebound coordinator, and nurse. The coordinator may obtain feedback from the classroom teacher prior to the meeting if the teacher cannot attend. The HHIP manager attends some Education Plan meetings and consults with staff in other cases. Children are not required to complete all the curriculum during homebound services, so the team reviews the child's class schedule, modifications to the curriculum, student expectations, and grading criteria. The district recommends the Education Plan meeting occur as soon as possible, with the meeting typically occurring after the teacher application and medical authorization forms are submitted by the school to the HHIP manager.

9. Review of student records- ISBE identified 40 children for a review of student records from the list of 806 children approved to receive homebound services during the 2019-20 school year prior to the onset of the COVID-19 pandemic in March 2020. A review of the district's submission of records showed that 19 of the sample of 40 children had IEPs. The IEP in effect for 17 of the 19 children during the period relevant to the allegations of the complaint, which was from January 29, 2020 (or one year prior to the date ISBE received the complaint), through the state's mandatory closure of schools on March 16, 2020, was developed prior to January 29, 2020. The IEP in effect for two of the children during the period relevant to the allegations was developed after January 29, 2020.

The district also provided an Education Plan for homebound services for five of the 19 children with IEPs. The district reported that most of these documents are maintained in hard copies at schools, and some are currently inaccessible due to school staff who are still working remotely due to the ongoing COVID-19 pandemic.

The district approved eight of the 19 children with IEPs for homebound services prior to January 29, 2020, as documented in a "Home Hospital Instruction Approval" letter from ODLSS to the homebound coordinator for each child.

The district approved 11 of the 19 children with IEPs for homebound services after January 29, 2020. The IEPs provided for these 11 children did not indicate that the IEP team determined their eligibility for homebound services.

- Three of the children (Child 1, Child 2, and Child 3- see Attachment) approved for homebound services after January 29, 2020, had IEPs completed prior to January 29, 2020, which stated those children were already receiving homebound services. However, each IEP was developed based on a placement in the school setting. The district did not provide Education Plans for these three children.
- The district approved the referrals for homebound services for two of these children (Child 4 and Child 5) prior to their IEP meetings in February 2020. Both IEPs were developed based on a placement in the school setting and did not reference their eligibility for homebound services. The district did not provide a copy of an Education Plan for these two children.
- The IEPs for the other six children were completed prior to their formal approval for homebound services and did not indicate those children were already receiving homebound services.
  - The district developed an Education Plan for Child 6 before formally approving the referral for homebound services. However, the documentation did not clearly indicate whether the Education Plan team determined the child's eligibility for homebound services at the meeting.

- The Education Plans for three children (Child 7, Child 8, and Child 9) were undated, so it is unclear whether those plans were developed before or after the “Home Hospital Instruction Approval” letter was issued.
- The district approved Child 10 for homebound services before completing the child’s Education Plan.
- The district did not provide an Education Plan for Child 11.

#### Summary and Discussion

The complaint alleged that the district required approval from the HHIP manager for home/hospital services prior to the onset of the COVID-19 pandemic in March 2020, effectively preventing the IEP team from determining a child’s placement and the nature of services that the child needed. The district responded that the HHIP operated by ODLSS determines eligibility for homebound services based on guidelines from ISBE. Eligibility requires documentation from a licensed medical professional and information from school staff, with approval based on a documented need for homebound services. The district acknowledged that it requires administrative approval from the HHIP manager when a child has complex medical needs impeding his or her ability to attend school and participate in a full day of classroom instruction for an entire academic year, because placement in the home setting is the most restrictive option on the LRE continuum. However, the district asserted that the HHIP manager collaborates with the IEP team to determine the child’s placement.

The district’s “Procedural Manual” states that the HHIP manager and a nurse must be members of the IEP team that makes the decision for placement in the home setting. However, other guidance materials and forms produced by the district indicate that the eligibility decision for homebound services is administrative. Both the “(District) Home and Hospital Instruction Program Frequently Asked Questions for Parents” and the “Home and Hospital Instruction Program (HHIP) Standard/Procedure” states that ODLSS determines a child’s eligibility for homebound instruction.

The HHIP manager stated in the interview that the approval process for homebound services involves a written referral by the child’s medical provider, which is reviewed by the school nurse. This form is then submitted to the HHIP manager for written approval. The HHIP manager did not indicate that a child’s eligibility for homebound services is determined at an IEP meeting or at an Education Plan meeting.

Federal regulations require that a complaint must allege a violation occurring not more than one year prior to the date on which the complaint is received. Any issues prior to that time will not become a part of the investigative process. ISBE received this complaint on January 29, 2021. The review of student records did not indicate that eligibility for homebound services was determined at IEP meetings or at Education Plan meetings between January 29, 2021, and the state’s mandatory closing of schools due to the COVID-19 pandemic on March 16, 2021.

The Illinois Administrative Code at 23 IAC 226.300(c) states that the IEP team shall consider the child’s need for home or hospital services based on a written statement from a physician. Although the district reported that some Education Plans are currently inaccessible and not available for review by ISBE, the information gathered during the investigation clearly showed that the decision about a child’s eligibility for homebound services is an administrative decision rather than a decision made by the IEP team.

## **B. Related Services**

The following violation is found as explained below:

### Allegation by Complainants

The complaint alleged that the district did not provide direct related services to children receiving special education services in the home setting due to a medical condition. The complainants reported that, in some cases, they have helped secure direct related services during homebound instruction for children whom they have represented, but those cases are the exception. The complainants stated that the district's FAQ on homebound services and its description of the Education Plan meeting do not reference related services. The complainants indicated that the district routinely informs parents that children who receive homebound instruction will not receive direct related services. The complainants asserted that the HHIP manager unilaterally decides whether a student will receive homebound services without an IEP meeting or input from the IEP team. The complainants believed that the provision of related services should be based on a child's needs and that the district's failure to provide those services in its HHIP violates federal and state regulations while denying children FAPE.

The complainants requested that the district provide direct related services in the homebound setting per children's IEPs as medically advisable. The complainants also believed that the district should receive regular monitoring on the type and amount of related services children receive during homebound services.

### Response from District

The district stated the following in its response: "Students do not typically receive related services support while on homebound because the related services support documented in the student's IEP is written to help the student access instruction in the school setting." The district stated that a meeting would be held to discuss and describe the support if the school team decided that a child required related services to access the homebound instruction.

### Review of Relevant Information

1. July 2015 sample "Education Plan (Form 6)"- The form included a "Related Services" section, which allowed the team to identify the related services the child receives per an IEP, consultative services provided to the homebound teacher, and goals/benchmarks that would be addressed during homebound services.
2. 2019-20 school year "Procedural Manual: Guidance on Providing Special Education and Related Services to Students with Disabilities Pursuant to the Individuals with Disabilities Education Act (IDEA)"- The manual stated that the primary goal of home/hospital services was to provide access to instruction while the child was not attending school due to illness. The services were intended to help the child keep pace with classroom instruction and facilitate the child's return to the classroom setting. An eligible child would receive at least five hours per week of instruction and related services, unless a physician stated otherwise in writing.
3. Undated "Home and Hospital Instruction Program (HHIP) Standard/Procedure"- The HHIP is guided by state regulations, which require the implementation of special education and related services per a child's IEP.
4. March 2, 2021, interview with HHIP manager- The manager stated that related services are provided in the HHIP in some cases. The Education Plan team discusses a child's need for related services. The team reviews the IEP to determine the support the child needs, including



the child's need for access to related services in the home setting. The HHIP manager stated that the preferred practice is for a related service provider from the child's home school to provide the service, but the district's related service provider "leads" are responsible for identifying a provider if a staff member from the home school is not available. The HHIP manager stated she was not aware of the frequency with which related services are provided in the HHIP because that information is not centrally managed.

5. Homebound coordinator questionnaires- 35 respondents stated that one or more children from their school received homebound services between January 2020 and March 2020, with the respondents reporting a total of 97 children who received such services. Six respondents stated that one or more children from their school received direct related services while on homebound during the same time period, with the respondents reporting a total of 13 children who received direct related services.
6. Review of student records- As noted above in Issue 1A, the sample of student records included 19 children with IEPs eligible for homebound services during the 2019-20 school year. Child 12 was approved for homebound services prior to January 29, 2020, but the approval extended through the time period subject to the complaint. The IEP, which was also developed more than one year prior to the complaint, specifically identified HHI as the child's special education placement. The IEP noted the child would receive consultative nursing services. The IEP did not include direct related services. The IEPs of the other 18 children did not identify HHI as their special education placement.

Also as referenced above in Issue 1A, the district provided Education Plans for five of the 19 children with IEPs:

- The Education Plan for Child 6 stated the child's IEP required 60 minutes per week (mpw) "transition"; 30 mpw speech/language therapy (S/L); 30 mpw vision; and consultative occupational therapy (OT) and physical therapy (PT) services. The plan listed the consultative services to the homebound teacher as 15 minutes per month (mpm) each in the following areas: transition, S/L, vision, OT, and PT. A review of the IEP in effect for the child at the time noted it required 60 mpw "vocational"; 30 mpw vision; 30 mpw S/L; plus consultative services for vision, S/L, nursing, OT, and PT.
- The Education Plan for Child 10 named two related service personnel who would provide consultative services, but the plan did not identify the type of services. The IEP in effect for the child at the time included direct S/L services for 15 mpw, plus consultative S/L, OT, and PT.
- The Education Plan for Child 9 was undated but stated the beginning date for homebound services was February 10, 2020. The Education Plan indicated the child's IEP required school social work (SSW) services. The plan did not clearly specify that consultative services would be provided to the homebound teacher but did list a provider's name and referenced a goal/objective related to identifying emotions. The IEP in effect for the child at the time included 30 mpw of direct SSW services, plus consultative SSW and nursing services.
- The Education Plan for Child 7 was undated but stated the beginning date for homebound services was February 19, 2020. The Education Plan did not document related services during the HHIP. The IEP in effect for the child at the time included consultative SSW and nursing services but no direct related services.
- The "education plan" for Child 8 was an undated chart listing assignments and supplementary aids the child needed in four academic classes. The chart did not reference

related services. The IEP that the district provided for the child included consultative SSW and nursing services but no direct related services.

### Summary and Discussion

The complaint alleged that the district did not provide direct related services to children in the HHIP. The complainants asserted that the HHIP manager unilaterally decides whether a child will receive homebound services without an IEP meeting or input from the IEP team.

The district stated in its response to this allegation that students do not typically receive related services in the HHIP because related services in an IEP are provided to assist the child to access instruction in the school setting. However, the district stated that a meeting would be convened to discuss and describe the support if a school team decided that a child required related services. In its supplemental response to the complaint, the complainants disagreed with the district's position that the purpose of related services was for a child to access instruction in the school setting. The complainants referenced the definition of related services in *34 CFR 300.34(a)* of the federal regulations, which states that related services are "... to assist a child with a disability to benefit from special education...."

The complainants stated that the district's FAQ on homebound services and its description of the Education Plan meeting did not reference related services. The "(District) Home and Hospital Instruction Program Frequently Asked Questions for Parents" form did not reference the provision of related services. The district's Education Plan form does address related services, although the form implies that only consultative services are provided in the HHIP.

The district's "Procedural Manual" stated that the primary goal of home/hospital services was to provide access to instruction while the child was not attending school due to illness. The manual also stated that an eligible child would receive at least five hours per week of instruction and related services, unless a physician stated otherwise in writing. The "Home and Hospital Instruction Program (HHIP) Standard/Procedure" stated that the program was guided by state regulations, which require implementation of special education and related services per an IEP.

The HHIP manager stated in the interview that a child's need for related services is discussed during Education Plan meetings, and services are provided to children during homebound services in some cases. However, the HHIP manager was not aware of the frequency with which children received related services during homebound services.

Six of the 35 homebound coordinators who reported one or more children in their school who received homebound services between January and March 2020 stated in the questionnaire that at least one child received direct related services in the HHIP. The district reported that most of the Education Plan documents are maintained in hard copies at schools, and some are currently inaccessible due to school staff who are still working remotely due to the ongoing COVID-19 pandemic. The documentation that ISBE received did not indicate that the district offered direct related services to children in the sample whose records were reviewed, although the district did offer consultative related services to some children through the HHIP.

The Illinois Administrative Code at *23 IAC 226.300(c)* states that "... related services required by the child's IEP must be implemented as part of the child's home or hospital instruction, unless the IEP Team determines that modifications are necessary during the home or hospital instruction

due to the child's condition." 23 IAC 226.300(c)(1) further states that the amount of related services "... shall be determined in relation to the child's educational needs and physical and mental health needs."

Upon reviewing all relevant information, ISBE concludes that the provision of direct related services in the district's HHIP during the time period relevant to this complaint was, at best, minimal. The HHIP manager and a minority of the homebound coordinators stated that direct related services were provided, but the documentation ISBE received did not confirm this information. District policies and guidance do not prohibit related services in the HHIP, but clearly focus on providing instruction in core academic classes. Further, it did not appear that the IEP team typically convened to determine whether a child needed related services in the HHIP. The district did convene an Education Plan meeting for some children but appeared to consider only consultative related services at those meetings.

### **C. Specialized Instruction**

The following violation is found as explained below:

#### Allegation by Complainants

The complaint alleged that the district limits specialized instruction to a maximum of five hours per week for children receiving special education services in the home setting due to a medical condition. The complainants asserted that parents are only successful obtaining more instructional services through legal remedies. The complainants reported that the district's FAQ document on homebound services states that a child will receive one hour per day of instruction based on a five-day school week. The complainants stated that the district's practice denies FAPE by failing to individually determine a child's need for services.

The complainants requested that the district convene an IEP meeting whenever homebound instruction is requested for a child with an IEP to individually determine the provision of services, including the number of hours of instruction. The complainants also believed that the district should receive regular monitoring regarding the number of hours of homebound instruction it provides to individual children.

#### Response from District

The district did not directly respond to this allegation in its written response to the complaint. However, in its response to Issue 1B above, the district referenced "... the one-hour of homebound instruction provided in a family's home ...."

#### Review of Relevant Information

1. July 2015 sample "Homebound Teacher Application (Form 3)"- The form instructed the teacher to provide only one hour of instruction per day to each child. Another section of the form stated that the teacher should provide only one hour of instruction per day to each child for a total of five hours per week.
2. July 2015 sample "Education Plan (Form 6)"- The form did not include a specific section for the team to document the amount of weekly instruction the child would receive.
3. July 2015 sample "Parent and Student Survey"- One survey question stated: "Does the teacher stay at your home for one full hour?"

4. 2019-20 school year “Procedural Manual: Guidance on Providing Special Education and Related Services to Students with Disabilities Pursuant to the Individuals with Disabilities Education Act (IDEA)”- The manual stated that the amount of instructional and related service time provided during the HHIP will be at least five hours per week, unless a physician states otherwise in writing.
5. Undated “(District) Home and Hospital Instruction Program Frequently Asked Questions for Parents”- The document stated that a child would receive one hour of instruction based on a typical five-day school week.
6. March 2, 2021, interview with HHIP manager- The amount of weekly instruction provided during homebound services is based on the statement from the child’s physician. A child receives not less than five hours per week of instruction without a medical reason, with more than five hours per week provided in some cases.
7. Homebound coordinator questionnaires- As stated above in Issue 1B, 35 respondents reported having at least one child at their school receive homebound services between January and March 2020, with the respondents reporting a total of 97 children who received such services. According to the responses, four of the 97 children received more than five hours per week of instruction during homebound services.

Staff provided the following responses to a question about how the amount of weekly instructional time and type of services a child receives during homebound services is determined:

- Fourteen (14) respondents referred to district policies or guidelines, with many noting the district’s policy is to provide one hour of instruction per school day.
  - Five respondents indicated the amount of homebound services was dictated by district policy but the IEP team or Education Plan team determined the type of services.
  - Four respondents indicated that the district usually provides one hour per day, or five hours a week, of homebound services.
  - Two respondents indicated that services are determined due to a child’s needs and the recommendation of clinicians, with the district approving the number of hours.
  - Two respondents indicated the determination of services is coordinated between team members such as the parent, child, classroom teachers, and case manager.
  - One respondent stated that the parent, teacher, and an agency outside the district agreed on the child’s educational plan.
  - One respondent indicated both the amount and type of services is determined at the Education Plan meeting.
  - One respondent referenced the Education Plan meeting and the physician’s referral but noted that instructional support is provided in core subjects up to five hours per week.
  - One respondent stated that district policy is to provide one hour of instruction per day, unless otherwise noted in the child’s IEP or by other agreement.
  - One respondent stated the amount of services is based on district guidance and the child’s IEP.
  - One respondent stated that children receive one hour per day of services for each day of school they miss.
8. Review of student records- As noted above in Issue 1A and Issue 1B, the sample of student records included 19 children with IEPs eligible for homebound services during the 2019-20 school year.

As noted above in Issue 1B, one of the 19 children (Child 12) was approved for homebound services prior to January 29, 2020, but the approval extended through the time period subject to the complaint. The IEP, which was also developed more than one year prior to the complaint, specifically identified HHI as the child's special education placement. The IEP stated that the child would receive 300 mpw of direct instruction.

Also as referenced above in Issue 1A and Issue 1B, the district provided Education Plans for five of the 19 children with IEPs. None of the Education Plans submitted indicated the amount of weekly instruction the child would receive in the HHIP.

The district provided payroll processing forms documenting that 16 of the 19 children with IEPs in the sample received homebound services between January 29, 2020, and March 16, 2020. Four of these children received more than five hours per week of homebound instruction at least once during this period. Child 2 received more than five hours per week of instruction four times during this period. Child 1 and Child 13 received more than five hours per week of instruction twice during this period. Child 10 received more than five hours per week of instruction once during this period.

The district provided signed homebound teacher time sheets completed between January 29, 2020, and March 16, 2020, for 11 of the 19 children with IEPs. All instructional sessions documented on the time sheets were approximately one hour in length.

#### Summary and Discussion

The complaint alleged that the district limited specialized instruction to a maximum of five hours per week for children receiving special education services in the home setting due to a medical condition. The complainants stated that the district's practice denied FAPE by failing to individually determine children's needs during homebound services.

The district did not directly respond to this allegation in its written response to the complaint. The HHIP manager stated in the interview that the amount of weekly instruction is based on the written statement from the child's physician, with instruction totaling not less than five hours per week without a medical reason. The HHIP manager asserted that children receive more than five hours per week of instruction in some cases.

The "Homebound Teacher Application (Form 3)" and the district's FAQ document indicated that children receive only five hours per week of instruction in the HHIP. The "Procedural Manual" stated that a child would receive at least five hours per week of homebound instruction unless the physician recommended otherwise.

According to questionnaires completed by a sample of homebound coordinators, only four of 97 children received more than five hours of weekly instruction in the HHIP from January 2020 through March 2020. Most of the responses indicated that the amount of homebound services is dictated by district policy, with coordinators frequently citing the amount as one hour per day, or five hours per week, of instruction. A small number of respondents indicated that the amount and type of homebound services is determined by a team model.

The only IEP in the records that the district provided that identified HHI as the special education placement stated that the child would receive five hours per week of academic instruction. The

Education Plans the district provided did not indicate the amount of weekly instruction the child would receive in the HHIP. All instructional sessions documented on the homebound teacher time sheets the district provided were approximately one hour in length.

Payroll processing forms documented that four children with IEPs received more than five hours per week of instruction at least once during the period subject to the complaint, but the forms did not indicate whether those children received more than five hours of instruction as part of their plan of homebound services or whether some services were in response to services the child missed earlier (see Issue 1D below). It should be noted that the amount of services documented in the payroll processing forms for Child 1 and Child 13 conflicted with the timesheets submitted for those two children. Payroll processing forms for Child 1 documented nine hours of instruction during the week of February 24-28, 2020, and six hours during the week of March 2-6, 2020, while the homebound teacher time sheets the district provided documented five hours of instruction both weeks. Payroll processing forms for Child 13 documented 10 hours per week of instruction during the weeks of February 3-7, 2020, and February 10-14, 2020, while the homebound teacher time sheets the district provided documented five hours of instruction both weeks.

The Illinois Administrative Code at *23 IAC 226.300(c)* states that “(special) education and related services required by the child's IEP must be implemented as part of the child's home or hospital instruction, unless the IEP Team determines that modifications are necessary during the home or hospital instruction due to the child's condition.” *23 IAC 226.300(c)(1)* further states that the amount of instructional time “... shall be determined in relation to the child's educational needs and physical and mental health needs.”

Upon reviewing all relevant information, ISBE concludes that the district's common practice during the time period relevant to this complaint was to provide a maximum of five hours of specialized instruction during homebound services. Like the conclusion in Issue 1B, it did not appear that the IEP team typically convened to determine whether the child required modifications to his or her special education services.

#### **D. Missed Services**

The following violation is found as explained below:

##### Allegation by Complainants

The complaint alleged that the district failed to make up homebound services that were not provided due to an illness of the child or an absence of a teacher. The complainants stated that neither the “Procedural Manual” or the FAQ explained how the district would make up instruction due to teacher cancellation or child illness. The FAQ reportedly states that the district will not make up more than five hours per week of instruction for absences. The complainants asserted that state regulations require homebound instruction to be made up if medically advisable. The complainants also asserted the regulations do not provide for other limitations the district institutes. The complainants stated that the district's practice further restricts a child's opportunity to receive make up instruction by requiring the completion of those hours during the current pay period of the homebound teacher. The complainants stated that this restriction violates state regulations and limits a child's access to necessary instruction due to administrative convenience rather than the child's needs.

As remedy for the alleged violation, the complainants requested that the district be required to create and implement a clear policy for making up instructional services due to teacher cancellation and child illness. The complainants also believed the district should receive regular monitoring to review data on the provision of make-up hours for missed instruction.

#### Response from District

The district stated that it offers make-up homebound instruction to a limit of five hours a week. Make-up sessions are provided in conjunction with medical information provided by the child's physician. The parent must provide documentation from the physician to the homebound coordinator or nurse at the child's school regarding the amount of services that the child could make up that week, in conjunction with the regularly scheduled homebound instruction.

#### Review of Relevant Information

1. Undated "(District) Home and Hospital Instruction Program Frequently Asked Questions for Parents"- The guidance stated the following: "There are no make-up sessions in homebound as your child's attendance is recorded daily when instruction is provided."
2. March 2, 2021, interview with HHIP manager- The district requests the parent to consult with the treating physician to ensure the child can tolerate make-up services. The physician typically documents this information on a prescription, as the district does not have a form for this purpose. Make-up services are approved by the school's homebound coordinator and nurse and submitted to the HHIP manager for payment processing. The district does not provide more than five hours of make-up instruction in a week, since those services are in addition to the child's regular weekly homebound services.
3. Homebound coordinator questionnaires- Five respondents stated that one or more children from their school received make-up homebound services due to absences by the student or the homebound teacher between January and March 2020, while 29 respondents stated that no students at their school received make-up services during that period.

Staff provided the following responses to a question about the process for making up homebound services that are missed due to an absence of the student or the teacher, with respondents asked to specify how parents are informed of this option:

- Twelve (12) respondents indicated the homebound teacher would communicate with the parent to discuss scheduling an alternate day or time.
- Six respondents referenced the district's policies stating that sessions are made up in conjunction with guidance from the physician, with a limit of five hours of homebound instruction in a week. One of these respondents stated that parents are informed of the make-up process during their initial homebound meeting and are provided the information in writing as part of the district's FAQ.
- Five respondents stated that they did not believe make-up services were allowed, including one respondent who referenced the district's FAQ document, or they were unaware of the option to make-up homebound services.
- Two respondents stated that the parent and teacher arrange make-up services in conjunction with guidance from the child's physician.
- One respondent stated that the homebound coordinator contacts the parent when services are approved to discuss the expectations and rules, including that the parent should notify the homebound teacher when the child will be absent so the teacher can offer an option to make up the services. The homebound teacher is to notify the

coordinator when they will be absent so a teacher can be identified who can substitute that day.

- One respondent stated that the homebound teacher informs the parent of the process for make-up services during their initial meeting. The teacher would divide the make-up time equally over the next three to five meeting dates, resulting in the instruction for each session being extended up to 20 minutes.
  - One respondent stated that the homebound coordinator either contacts the parent or the homebound teacher reschedules the missed services based on the parent and child's availability.
  - One respondent stated that the homebound teacher or coordinator communicates with the parent, with the parent and homebound teacher determining a makeup date with approval from ODLSS.
  - One respondent stated that the process is to make up services when requested, with parents instructed to contact the homebound coordinator with questions.
  - One respondent stated that the parent would communicate directly with the homebound teacher if the child was not able to participate.
  - One respondent referenced that make-up sessions are based on a physician's statement shared with the homebound coordinator and school nurse.
  - One respondent stated that make-up services could be requested from the district based on a physician's statement.
  - One respondent noted that school staff recommend that parents request make-up services through the school rather than the district office. The parent should provide documentation from the child's physician regarding the number of hours which can be made up in a week, in consideration of regularly scheduled sessions. The teacher then attempts to reschedule the services.
  - One respondent stated it was difficult to schedule make-up sessions due to the HHIP guidelines. Since the homebound teacher was already scheduled for one-hour daily sessions, a make-up session would require a two-hour session at another time.
  - One respondent also noted that the parent would be offered other time slots for make-up sessions, but they were not always completed due to the limitation of one hour per day of services or lack of available substitute teachers.
4. Review of student records- As noted in section 1C above, the district provided payroll processing forms documenting that four children with IEPs (Child 1, Child 2, Child 10, and Child 13) received more than five hours per week of instruction at least once between January 29, 2020, and March 16, 2020. Child 2 received more than five hours per week of instruction four times during this period, receiving two hours of instruction on 18 days during this period. Child 10 received two hours a day of instruction six times during this period. Child 1 and Child 13 received more than five hours per week of instruction twice during this period, with Child 13 receiving two hours a day of instruction 12 times during this period and Child 1 receiving two hours a day of instruction five times.

The district provided signed homebound teacher time sheets completed between January 29, 2020, and March 16, 2020, for 11 of the 19 children with IEPs. All instructional sessions documented on the time sheets were approximately one hour in length, and no timesheets documented more than five hours of instruction per week. The submitted time sheets included Child 1 and Child 13, and documented the children received only one hour of homebound instruction on all dates that the payroll processing forms documented two hours of instruction.



### Summary and Discussion

The complaint alleged that the district failed to make up services that were not provided in the home setting due to an illness of the child or an absence of a teacher. The complainants stated that the district required the completion of makeup instruction during the current pay period of the homebound teacher, which restricted a child's opportunity to receive those services.

The district stated in its response that it provides up to five hours a week of make-up homebound instruction, in conjunction with a physician's statement confirming the child can tolerate the additional instruction. The HHIP manager confirmed this information in the interview and added that make-up services are approved by the homebound coordinator and nurse at the child's school. The district does not provide more than five hours of make-up instruction in a week, since make-up services are in addition to the child's regular weekly homebound services.

The district's "Procedural Manual" did not reference make-up homebound services. The "(District) Home and Hospital Instruction Program Frequently Asked Questions for Parents" document explicitly states that make-up services are not provided in the homebound program.

Five homebound coordinators stated in their questionnaire that one or more children from their school received make-up homebound services due to absences by the child or the homebound teacher between January 2020 and March 2020, while 29 respondents stated that no children at their school received make-up services during the same period. Most respondents indicated that children could receive make-up homebound services but provided varying details about the process for initiating those services. Many respondents noted that the parent needed to produce documentation from a physician. A few respondents noted that make-up sessions were difficult to complete due to restrictions on the amount of services a child could receive in a week. Five coordinators either did not believe or were not aware that make-up services could be provided in the HHIP.

According to the payroll processing forms, four children with IEPs (Child 1, Child 2, Child 10, and Child 13) received more than five hours per week of homebound instruction at least once during the period relevant to the complaint, due to the children receiving two hours of instruction certain days. As noted, however, the documentation in the homebound teacher time sheets for Child 1 and Child 13 documented that those children received one hour per day of instruction on the same dates that the payroll processing forms documented two hours. The payroll processing forms did not indicate whether the children who reportedly received more than five hours of instruction did so as part of their plan of homebound services or whether some services were in response to services the child missed earlier.

The Illinois Administrative Code at *23 IAC 226.300(c)(2)* requires the district to collaborate with the parent to provide services in the home setting that are missed due to the child's illness or the teacher's absence, as medically advisable for the child. Upon reviewing all relevant information, ISBE cannot conclude that the district provided make-up services in its homebound program due to the child's illness or the teacher's absence during the time period relevant to the complaint, as required by the state rule in question.

## **Issue 2- FAPE {34 CFR §300.17}**

No violation is found as explained below:

### Allegation by Complainants

The complaint alleged the district only provides services in the home setting after regular school hours and before 7:00 p.m., without considering a child's needs and ability to participate in services after regular school hours.

The complainants acknowledged that the district's "Procedural Manual" allows some flexibility in scheduling homebound services, but asserted that the district's practice follows its FAQ document, which states that homebound instruction is "... provided after regular school hours before 7:00 (p.m.) and it is provided only on days when (district) is in session." The complainants believed that the district decided to provide homebound services after school hours for administrative convenience due to the use of full-time classroom teachers to provide those services. The complainants stated that the district should convene an IEP meeting to discuss a child's individual needs, rather than using a practice which limits the timeframe in which a child will receive homebound instructional services. The complainants believed that the practice violates the IDEA, which requires the local educational agency to determine services based on each child's needs.

As remedy for the alleged violation, the complainants requested that the district revise its "Procedural Manual" and FAQ document to align with state and federal requirements. The complainants also requested that the district offer homebound services during regular school hours and believed the district should be subject to regular monitoring regarding the times of day when children receive homebound services.

### Response from District

The district responded that homebound instruction is provided after regular school hours but before 7:00 p.m. for safety reasons and is provided only on days when the district is in session. The district stated that "(homebound) instruction is an extension of the student's school day and the identified teacher's contracted work hours." The district did assert that it provides homebound instruction during the school day when appropriate.

### Review of Relevant Information

1. July 2015 sample "Homebound Teacher Application (Form 3)"- District form stated that instruction cannot be provided before the start of the school day and must end by 7:30 p.m. Another section on the form stated that instruction should occur after the school day ends and be completed by 7:30 p.m.
2. July 2015 sample "Education Plan (Form 6)"- Form stated that homebound instruction cannot be provided before the start of the school day and must end by 7:30 p.m.
3. July 2015 sample "HHIP Homebound Teacher Time Sheet (Form 7)"- Instructions stated that services should occur after the school day ends and be completed by 7:30 p.m.
4. 2019-20 school year "Procedural Manual: Guidance on Providing Special Education and Related Services to Students with Disabilities Pursuant to the Individuals with Disabilities Education Act (IDEA)"- Homebound instruction occurs only on regularly scheduled school days. Instruction generally begins after regular school hours and finishes by 7:00 p.m., but the IEP team must determine the schedule based on the child's individual needs.

5. Undated “(District) Home and Hospital Instruction Program Frequently Asked Questions for Parents”- Homebound instruction is provided after regular school hours, before 7:00 p.m., and only on school days.
6. March 2, 2021, interview with HHIP manager- Homebound services are provided after school hours but before 7:00 p.m. because they are considered an extension of the school day and staff’s contracted work hours. Homebound services are typically provided by contracted staff with regular teaching duties during the school day. The HHIP manager also noted safety reasons for restricting services after 7:00 p.m.

The schedule of homebound services is usually determined during the initial intake process and can be based on medical information from the child’s physician. An example provided was a recommendation that a certain time of day may not be optimal for a child to receive services due to seizure activity. The HHIP manager asserted that some children do receive homebound instruction during the school day based on information provided by the physician. After a child has been approved for homebound services, the assigned homebound teacher contacts the parent to schedule the services. The teacher submits a timesheet that documents the times when the child receives services.

7. Homebound coordinator questionnaires- Staff provided the following responses to a question about how the schedule (*i.e.* time of day) for homebound services is determined:
  - Twenty-one (21) respondents indicated the schedule for homebound services was made by agreement between the child’s parent and the homebound teacher.
  - Three respondents indicated the schedule for services was made by agreement of the parent, homebound teacher, and homebound coordinator.
  - Two respondents stated the parent determined the schedule.
  - Two respondents stated the district determined the schedule.
  - One respondent stated the schedule for services was determined by agreement of the parent, homebound teacher, and the district.
  - One respondent stated the schedule for homebound services was made by agreement between the parent, homebound teacher, and an agency outside of the district that was involved with the child’s educational plan.
  - One respondent stated the services were determined through the child’s education plan.

Regarding the time of day of homebound services:

- Eleven (11) respondents stated children had to receive homebound services after school hours.
- Ten (10) respondents specified that the services needed to occur after school hours and before 7:00 p.m.
- Two respondents indicated homebound services could occur before or after school hours.
- Two respondents indicated the services must be provided before 7:00 p.m. and did not indicate whether they could be provided during the school day.
- One respondent stated services must be provided outside regular school hours.
- One respondent indicated homebound services occurred after school but before 5:00 p.m.
- One respondent indicated the services needed to occur after school hours and before 7:30 p.m.
- One respondent indicated the services needed to occur after school hours and before the end time stated in the district’s policies.

Multiple respondents also noted that homebound services needed to occur after school due to teachers’ duties during the school day.

8. Review of student records- The district provided “HHIP Homebound Teacher Time Sheet (Form 7)” documents completed by the homebound teacher for 11 children with IEPs between January 29 and

March 16, 2020. All instructional sessions started at 2:30 p.m. or later and no services ended after 7:30 p.m.

### Summary and Discussion

The complainants alleged that the district's policies and procedures prior to the onset of the COVID-19 pandemic in March 2020 required homebound services to be provided after regular school hours and before 7:00 p.m., without considering a child's individual needs. The district acknowledged that it provides homebound services before 7:00 p.m. for safety reasons. The district did state in its response that homebound services typically occur after regular school hours but can be provided during the school day when appropriate. The HHIP manager reiterated this information in the interview and noted that information from the child's physician can impact the schedule of homebound services.

The district's guidance materials and forms related to homebound services included conflictual information about when homebound services can be provided. The district's "Procedural Manual" stated that the IEP team should always determine the schedule based on the child's individual needs. The "Homebound Teacher Application (Form 3)" and "Education Plan (Form 6)" stated that instruction cannot be provided before the start of the school day and must end by 7:30 p.m. The "HHIP Homebound Teacher Time Sheet (Form 7)" and the district's FAQ indicated homebound instruction is provided after school hours.

The district's response also stated that "(homebound) instruction is an extension of the student's school day and the identified teacher's contracted work hours." The complainants disputed the assertion that homebound instruction is an extension of the school day in a supplemental response, stating that homebound services constitute the child's total program while the child is unable to attend school. The complainants' position on this point is valid, as homebound services are not an extension of the school day when children are unable to attend school due to a medical condition. The complainants believed that the child's needs should determine the schedule of service delivery rather than contractual obligations.

The district provided time sheets completed by homebound teachers for 11 children with IEPs during the time period relevant to the complaint. All instructional sessions started at 2:30 p.m. or later and no services ended after 7:30 p.m. Other documentation the district provided did not indicate the time of day or schedule of homebound services.

No respondents to the questionnaires completed by a sample of homebound coordinators in the district explicitly indicated that homebound services occurred during school hours. Nearly all, in fact, stated that homebound services occurred after school hours. Most respondents did state that the schedule was mutually determined between district staff and families.

The Illinois Administrative Code at *23 IAC 226.300* requires the IEP team to consider the child's needs when determining the amount of home/hospital services. However, this rule does not specify that this consideration extends to the time of day when home/hospital services will be provided, nor do other state or federal regulations pertaining to these services. *23 IAC 226.300(e)* does require the provision of homebound services on school days unless all parties agree. A May 2019 guidance document developed by ISBE titled "Home/Hospital Instruction for Students-Questions and Answers" states: "Instructional time shall be scheduled during time convenient for both parties but only on days when school is regularly in session, unless otherwise agreed to by all parties."

The IEP team has the obligation to develop a plan of services to meet the needs of eligible children. However, neither state nor federal special education regulations explicitly require the IEP team to determine the schedule of home/hospital services. The complaint did not include information about specific children who suffered a denial of FAPE due to the schedule of homebound services. Absent information verifying that individual children in the HHIP needed to receive services during the school day to receive FAPE, ISBE finds that the district's standard practice of providing homebound instruction after school hours does not violate special education requirements.

Based on the information gathered during this investigation, ISBE understands that the district's standard practice of providing homebound instruction after school hours is because full-time special education teachers in the district typically provide those services. ISBE advises the district to clarify in its guidance documents and internal forms that this practice need not apply when instruction is being provided by special education teachers who are employed solely to provide homebound services and do not have other duties during school hours.

### **Corrective Action**

The district must:

1. Ensure that the IEP team considers the child's need for home or hospital services based on a written statement from a physician, in accordance with 23 IAC 226.300.
2. Provide related services in accordance with a child's IEP, with any modifications to those services during the HHIP being determined by the IEP team.
3. Provide specialized instruction in accordance with a child's IEP, with any modifications to those services during the HHIP being determined by the IEP team.
4. Provide services missed during homebound instruction due to illness of the child or an absence of the teacher, as medically advisable.
5. Provide training to special education administrators, school homebound coordinators, and school nurses on the requirements described in items #1-4 above.
6. Distribute written information to school administrators, special education teachers, and related service providers on the requirements described in items #1-4 above.
7. Revise any guidance documents or internal forms (*e.g* FAQ on homebound services, Education Plan, "Homebound Teacher Application") that describe HHIP practices or procedures not in accordance with the requirements described in items #1-4 above.

The following materials will serve as verification of compliance with all parts of the corrective action order:

1. Documentation of the training provided to staff on the requirements described in items #1-4 in the section above, including the date(s) of the training, materials utilized, and the staff who participated.
2. A copy of the written information provided to school administrators, special education teachers, and related service providers on the requirements described in items #1-4 in the section above.
3. A copy of all current guidance documents or internal forms (including, but not limited to, any documents or forms revised per item #7 above) used to describe the district's HHIP practices or procedures.

The above listed materials should be sent to my attention, Special Education Department, no later than **June 4, 2021**. In accordance with the requirements of the 105 Illinois Compiled Statutes, 5/14-8.02e, the

district will be required to provide a copy of the corrective action compliance documentation to the complainant simultaneously with the submission of those materials to the investigator. In the event of a complaint filed by an individual other than the parent/guardian, the district must secure an appropriate written and signed release prior to the issuance of any child specific documentation.

The following materials will serve as verification of compliance with all parts of the corrective action order:

1. A list of all children in the district with IEPs receiving homebound services. Following the submission of this list on the dates identified in bold below, ISBE will select a sample of children to review their records (*i.e.* IEPs, documentation of instructional and related services provided in the homebound setting, documentation of make-up homebound services) to ensure compliance with the activities referenced above. ISBE will notify the district of the children for whom records should be provided in correspondence issued following the dates identified below.

The above listed material should be sent to my attention, Special Education Department, on **October 8, 2021** and **December 17, 2021**.

If you have any questions regarding this response, I can be reached at 217/782-5589 or [mconyer@isbe.net](mailto:mconyer@isbe.net).

Sincerely,



Mark Conyer  
Principal Education Consultant  
Special Education Department

cc: Ms. Olga Pribyl, Complainant (no Enclosure)  
Ms. Melanie Grant, Complainant (no Enclosure)  
Ms. Shira Baron, Complainant (no Enclosure)  
Ms. Julie Harcum-Brennan, Complainant (no Enclosure)  
Ms. Marlene Fuentes, City of Chicago School District 299 Senior Assistant General Counsel  
Ms. Rebecca Parker, ODLSS Deputy Chief

Enclosure: Attachment