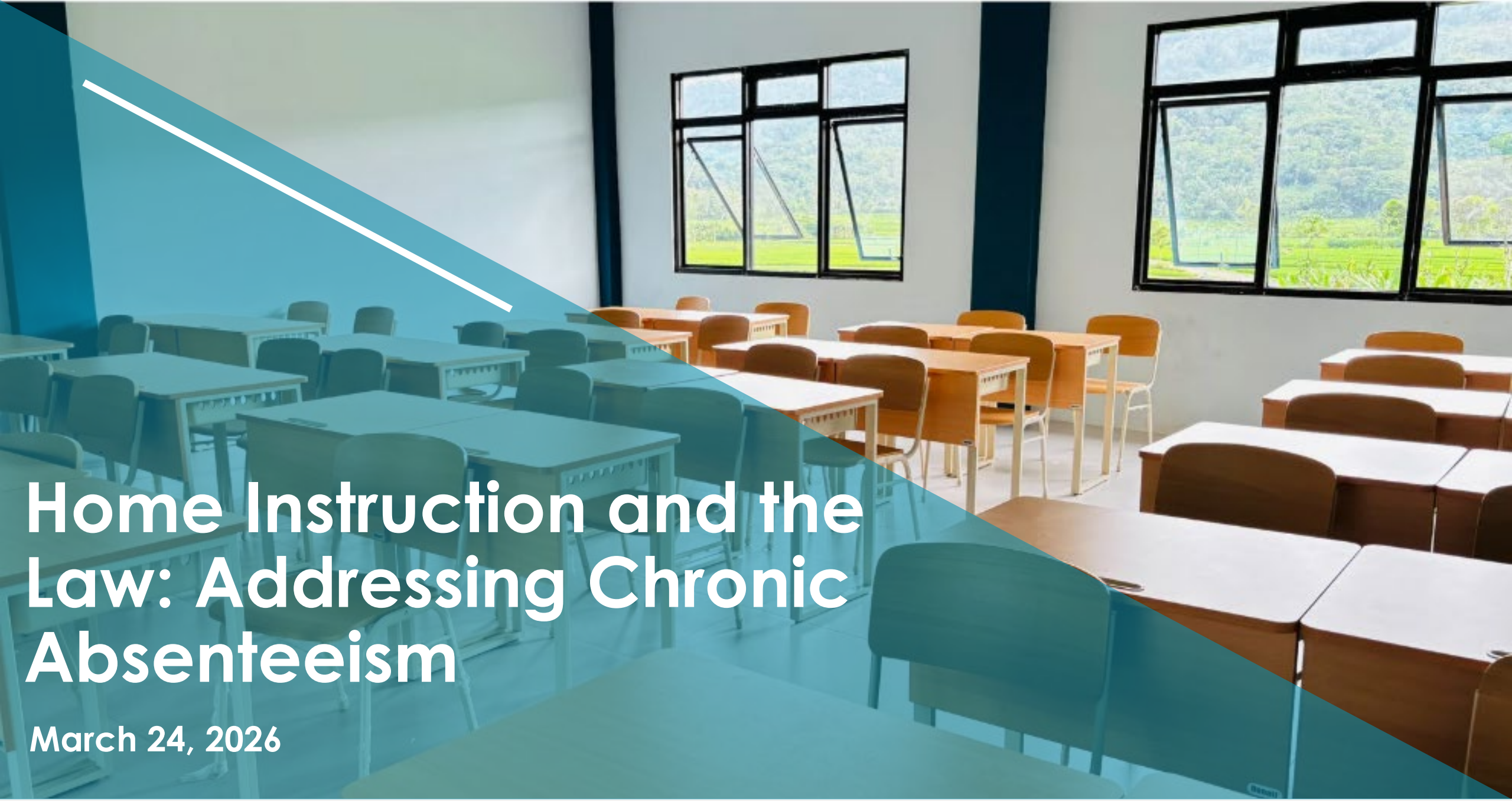

Home Instruction and the Law: Addressing Chronic Absenteeism

March 24, 2026

NJSPC
New Jersey School Physician Coalition

Acknowledgements

This program is made possible through a grant from the New Jersey Department of Children and Families and collaboration with:

New Jersey State School Nurses Association
Leading, Teaching, Caring.

Princeton Nassau Pediatrics
general pediatrics adolescent medicine
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NJ4S

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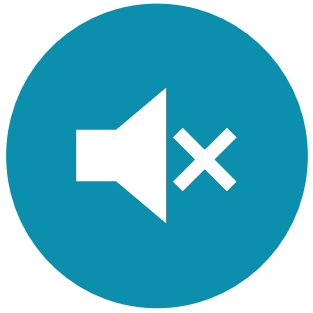
Housekeeping

We encourage you to turn on your camera while engaging in the session.



Kindly remain on mute to reduce background noise when you are not speaking.

By participating in this sessions, you are consenting to being recorded.

To protect patient privacy, please refrain from sharing any protected health information (PHI).

Please unmute or use the chat function to engage in discussion with fellow participants and co-chairs.

Meet Our Co-Chairs

Together, they serve over 30+ school districts in New Jersey!

Bert Mandelbaum, MD, FAAP

Pediatrician | School Physician

- Chair, Department of Pediatrics, Penn Medicine Princeton Health
- Chair, NJAAP Task Force on Adolescent Health and School Start Times

Ronald Frank, MD, FAAFP

Family Medicine | School Physician

CHRONIC ABSENTEEISM- HOW TO ADDRESS SCHOOL AVOIDANCE

GOALS FOR TODAYS TALK

1

Understand the causes of chronic absenteeism

2

Recognize early signs of school avoidance

3

Learn strategies to improve school avoidance

AAP HAS MADE THIS A PRIORITY

School Attendance

Attending school is a critical, defining part of childhood, and provides children opportunities for academic skill building, social and emotional development, nutritious meals, physical activity and physical education, health services and more. Research shows that healthy bodies and minds are the foundations of school attendance and success.

In school year 2021-22, more than 14 million children in the United States missed 10% or more of the days in the school year. This represented **more than one in four school-age students** in the US, a nearly doubling of pre-pandemic levels. Chronic school absenteeism, starting as early as preschool and kindergarten, puts students at risk for poor school performance and school dropout, which in turn, puts them at risk for unhealthy behaviors as well as poor long-term health outcomes. Students of color, those of lower socioeconomic status, and those with disabilities are far more likely to regularly miss school than their peers. Leaders in the field are increasingly referring to chronic absenteeism as a **pediatric vital sign,** noting its strong relationship to contributing health and social factors.

Feedback Form

CHRONIC ABSENTEEISM- DEFINITION

Missing 10% of School Days (18 days out of 180 day school year)

Using 2 days per months or 10% makes it easier to track over the course of the year

Encompasses students who miss for excused and unexcused reasons (truancy)

CAUSES OF CHRONIC ABSENTEEISM

01

Cannot attend because of social determinant of health (illness, family responsibility, housing instability, etc..)

02

Will not attend because of safety concerns, HIB concerns, or Anxiety

03

Choose to not attend because of perceived lack of value (truancy)

SCHOOL HEALTH DICHOTOMY

Stay Home Longer- Don't Get Anyone Sick

- Most upper respiratory infections last 7-10 days
- Can't return without a medical note
- NJ School Exclusion List

Come Back Sooner- You're Missing Too Much School

- Parent or student feels as if they are missing work
- Want to participate in Extracurricular activities
- Warning letters sent to families

DOES CHRONIC ABSENTEEISM MATTER?

Better predictor than grades for school failure

Associated with other health risk behaviors- smoking, substance use, risky sexual behavior

Associated with juvenile delinquency

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy of Pediatrics

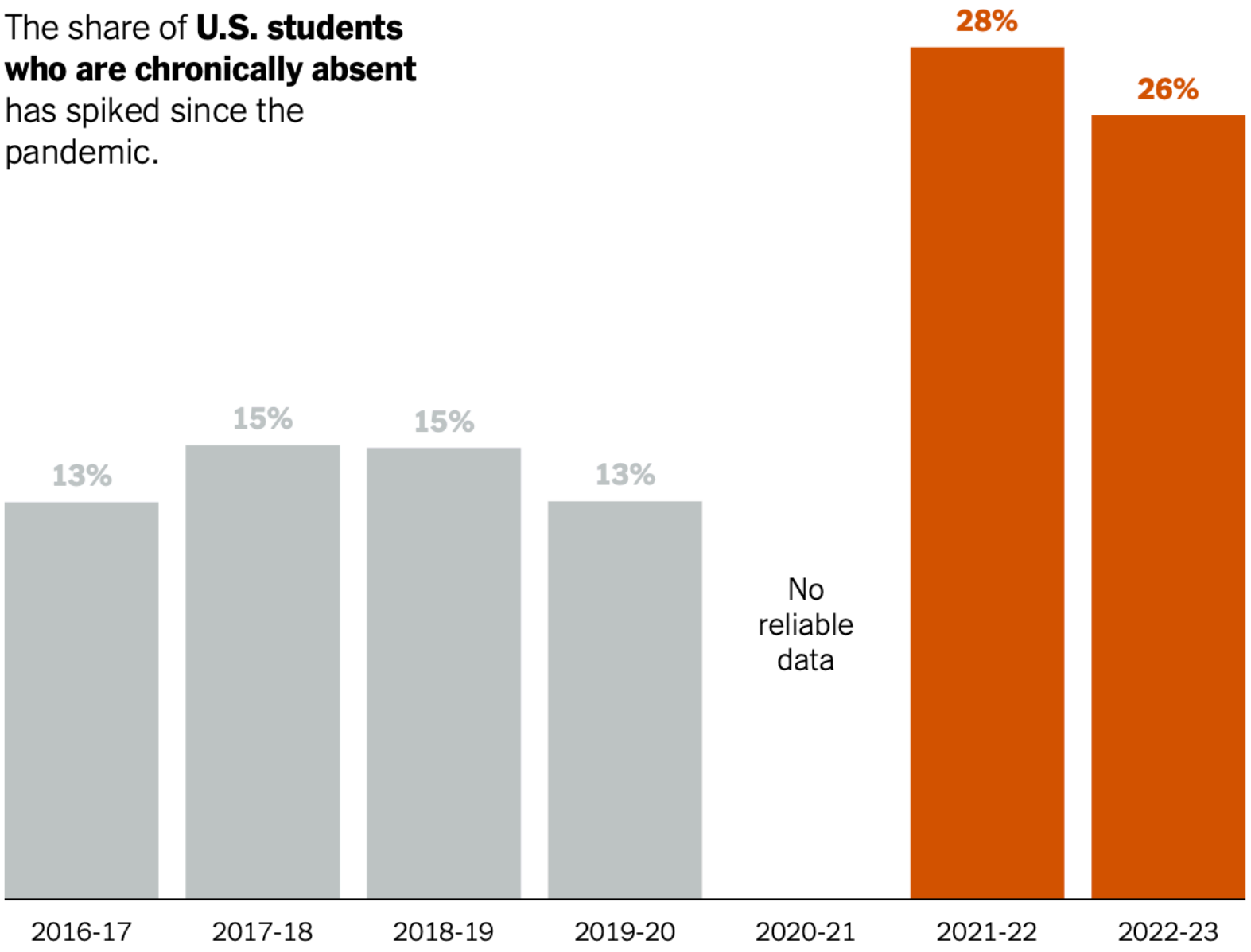
DEDICATED TO THE HEALTH OF ALL CHILDREN™

The Link Between School Attendance and Good Health

Mandy A. Allison, MD, MSPH, FAAP,[a] Elliott Attisha, DO, FAAP,[b] COUNCIL ON SCHOOL HEALTH

PEDIATRICS Volume 143, number 2, February 2019:e20183648

The share of **U.S. students who are chronically absent** has spiked since the pandemic.



Source: Nat Malkus, American Enterprise Institute. Chronic absenteeism is defined as missing 10 percent of

SCHOOL AVOIDANCE DUE TO ANXIETY- WHY RECOGNIZING THIS IS IMPORTANT

Mental Health issues

can often go unnoticed

Somatic symptoms and chronic absenteeism

Can be signs of underlying mental health issues

Affords opportunity to guide patients towards appropriate treatments

HOW DOES IT DEVELOP?

- Can often start for benign reasons
- Student could be out for medical illness, learning difference, injury, life event
- Develops difficulty going back
- Home becomes a place of comfort

THE STORY OF CHARLIE

INITIAL INJURY

17 yo male currently, Senior in high school

Concussion/cervical spine injury at age 15 in football

Hospitalized in ICU with prolonged recovery

Ultimately fully recovered

Was initially out of school for 5 weeks

SCHOOL ABSENCES START TO PILE UP

- Has some reluctance going to school
- Parents allowing him to stay home- “don’t want to stress him”
- School allows the excused absences and doesn’t engage much with the family given the nature of the injury
- Over time, school officials notice Charlie outside of school hours hanging out with his friends

HOW MUCH TIME DID CHARLIE MISS?

- **School Year 2022-23**
- Charlie had 58 absences. 53/58 were recorded as "excused"
- Charlie had 34 tardies. 33/34 were recorded as "excused"

- **School Year 2023-24**
- Charlie has 62 absences. 59/62 are recorded as "excused"
- Charlie has 15 tardies. 0/15 are recorded as "excused"
- Charlie has been inconsistent accessing the scheduled H.I. in SY 2023-24

- Charlie was offered counseling support through a school-based counseling program but did not access it.

CASSEROLE PROBLEM

If there's an allergic reaction, you have to dig deeper into the ingredients

GET TO THE ROUTE CAUSE

Multiple things can trigger anxiety about school

Much easier to address when you understand what they are

TRIGGERS FOR ANXIETY AT SCHOOL

- Academic Pressure/Grades
- Social Anxiety- talking to peers (or teachers)
- Bullying/being teased
- Separation Anxiety from parents
- Using a public bathroom
- Talking/Presenting in class
- Fears of getting sick
- Eating in public
- Overstimulation from loud hallways
- Participating in gym/swimming

WHAT'S REALLY GOING ON WITH CHARLIE?

THINK OF THIS UNDER THE PRISM OF ANXIETY

- Attending school causes an increase in emotional distress (anxiety and/or depression)
- Student often not able to communicate or recognize what causes them the discomfort
- Parents are aware of and want student to feel better so allow them to stay home
- Child feels better when staying home

WHAT CAUSES SCHOOL AVOIDANCE?

POSITIVE AND NEGATIVE REINFORCERS

Negative Reinforcers:

Avoid Discomfort by Staying Out of School

- Avoid social fears, academic stress, family separation, avoid getting sick

Positive Reinforcers:

Student Gain something by Staying Home

- Preferred activities- screens/fun activities, increased attention from family

SCHOOL AVOIDANCE- URGENCY FOR ADDRESSING IT EARLY

The earlier it is addressed the better

The longer it continues, the harder it becomes to get the student back to school

WHAT CAN SCHOOLS DO BETTER? COMMUNICATION AND COLLABORATION!

EARLIER RECOGNITION

USE THE HOME INSTRUCTION PROCESS TO YOUR ADVANTAGE

IMPROVE COMMUNICATION AND COLLABORATION WITH **FAMILY**

IMPROVE COMMUNICATION AND COLLABORATION WITH **PHYSICIANS**

#1: *EARLIER RECOGNITION*

ATTENDANCE OFFICE IS OFTEN FRONT LINE

NURSES RECOGNIZE FREQUENT FLYERS

PHYSICIANS WRITE NOTES FOR EXCUSED ABSENCES

ALL OPPORTUNITIES FOR IMPROVED COMMUNICATION

NURSE CAN TOUCH BASE AND ESTABLISH RAPPORT

EDUCATE FAMILY

WARNING SIGNS FOR SCHOOL NURSES

- Frequent tardiness or absences
- Absences on "significant" days- tests, field days, outings
- Frequent trips to nurse's office
- Often start after breaks or extended absences

#2- *USING THE HOME INSTRUCTION PROCESS TO HELP*

Communicate Early

Both the **Benefits** and **Limitations** of HI

Ability of school to accommodate Modified Days

Importance of Early return to school to avoid school anxiety

Request must come from "the student's CLINICIAN"

Can be their pediatrician, specialist or psychiatrist- NEW- APN OR PA can request

Consider modifying form to give helpful information- #absences and benefits/limitations of HI

HOME INSTRUCTION

Criteria- > 10 consecutive school days or >20 cumulative school days

School physician must approve

Home Instruction request must come from student's clinician* (new in '26: Physician, APN or PA)

HOME INSTRUCTION FORM

Use form to communicate appropriate information to student's physician

- Role of HI
- HI does not adequately replace in person schooling
- Include the amount of absences
- Remind physician that the school's goal is to return the student to school as safely as possible
- Educate physician that school can work with parents and create modified day (not all or none)

Require Diagnosis and detailed Treatment Plan

Approve for specific amount of time (usually 30 days)

Require reassessment at 30 days

INITIAL HOME INSTRUCTION SAMPLE FORM

Dear Healthcare Provider-

We are writing to inform you that student, _____, has had :

- # of School Absences: _____
- # of Days Arrived late /Left early: _____.
- # Days the student has participated in home instruction: _____

Our goal is to help the student return to school as soon as possible so they can get the full benefits of the educational environment. Home instruction is not an ideal replacement for in-person schooling, and the mutual goal should be to return the child to school as quickly as medically possible so they may continue their education and social and emotional learning. We have multiple resources to work with the family to help the student return to school.

Please help us work together for the benefit of this student by updating the current diagnosis and treatment plan, taking into account the number of absences noted above.

Should you have any questions or want to reach out to us, we'd be happy to discuss the student's case with you and work together collaboratively.

Current Diagnoses:

Treatment Plan:

Please communicate any Specific Information for the School:

Length of Time for Home Instruction (*Please note, unless this is for a specific medical procedure, no more than thirty (30) days should be requested).*: _____

Next Appointment:_____

#3- *IMPROVE COMMUNICATION WITH THE FAMILY AND STUDENT*

Before Initiating Home Instruction and then Frequently Throughout Process

Discuss School Avoidance and concerns that it gets worse the longer the student is out

For older children- consider giving them a self assessment

What worries or scares you at school?

What do you do on days you go to school? Days you do not attend?

Why do you not want to go?

Describe your morning and bed time routines

SAMPLE HOME INSTRUCTION LETTER FOR PARENTS

Information Regarding Home Instruction for Parents

Dear Parents:

Per NJAC 6A:16-10.1 Home instruction can be provided to a student due to a temporary or chronic health condition. Home instruction can be requested if the projected need to be out of school is more than 10 consecutive school days or 20 cumulative school days during a school year. The request must be in writing from the student's physician. The request must include the diagnosis, rationale for home instruction, and expected duration. The school physician may request more information if needed in order to make a determination.

Please be aware that home instruction is not an ideal replacement for in person schooling and the mutual goal should be to return the child to school as quickly as medically possible so they may continue their education and social and emotional learning.

Occasionally, students can develop school avoidance. It can happen for many reasons and often starts out innocently once a child is out of school for a prolonged time for a legitimate reason. Returning to school can be stressful, and the student feels better staying out of school; however, by keeping them out of school, the return to school fears only grows.

The school can often help in these situations. If a student needs to be out on home instruction and there is a concern about school avoidance, the school and the family should meet to discuss strategies. The discussion can include what is causing the child distress by being in school and what they gain by staying home. A plan can then be created by the team to try and return the student to school.

The plan could include:

- Removing positive reinforces at home "making home less comfortable"
- Creating positive reinforcement for being in school
- Plan for gradual school re-entry. This can start with being in school for a small amount of time every day

Should school avoidance occur, parents can and should work with their medical home and child's pediatrician to help determine if there is a need for other services, such as behavioral therapies.

Please remember we are here to educate and help your child. We will do our best to provide home instruction per regulations when warranted, but we also want to work with you to help prevent school avoidance in your child.

Please be aware that home instruction is not an ideal replacement for in person schooling and the mutual goal should be to return the child to school as quickly as medically possible so they may continue their education and social and emotional learning.

Occasionally, students can develop school avoidance. It can happen for many reasons and often starts out innocently once a child is out of school for a prolonged time for a legitimate reason. Returning to school can be stressful, and the student feels better staying out of school; however, by keeping them out of school, the return to school fear only grows.

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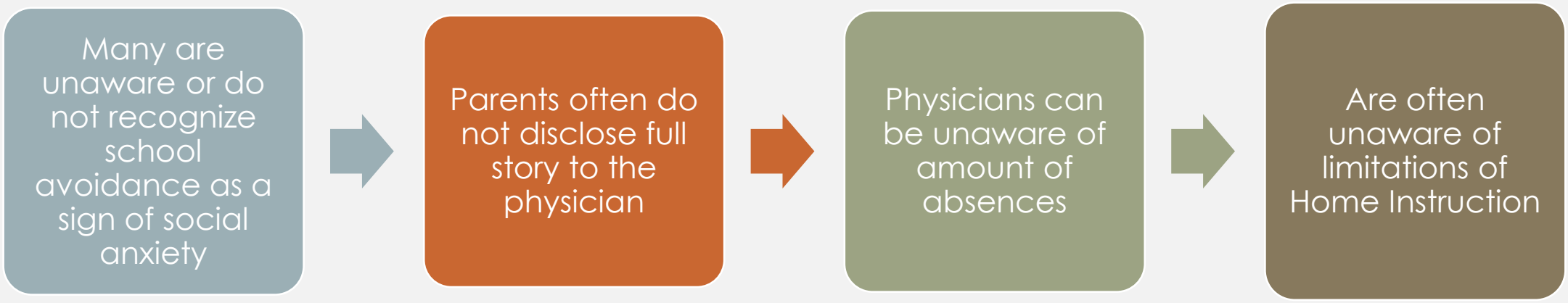
IMPROVED COLLABORATION WITH FAMILIES

Trusted Resource	Negative Reinforcer	Positive Reinforcers	Make Home Less Comfortable	Re-entry	Success
Have trusted school source get on phone with family	Find out about negative reinforcers: • What makes school difficult? Get teacher and parent opinions as well	Find out about positive reinforcers • What do they like about being home? Sleep in. Lots of screen time. No stress. No social pressure. Extra attention	• Remove positive reinforcers • Usually screens, internet access	Make a plan for gradual Re-entry	Create positive Reinforcers at school

PROVIDE SUGGESTIONS FOR PARENTS

- Validate student's feelings about school anxiety
  - "It's ok to feel nervous"
- Remind them it's ok to make mistakes and they are resilient
- Establish consistency in routines
- Practice relaxation techniques- breathing, mindfulness, etc…
- Collaborate with school personnel and get professional help if needed

#4: *IMPROVED COLLABORATION WITH PHYSICIANS*



FROM THE AAP

How Can Pediatricians Make School Attendance a Priority?

Pediatricians can address school attendance in their office-based practices and communities and/or states or nationally as advocates. Some important office-based strategies include (complete list found in the **AAP Policy Statement**):

- Routinely ask at preventive care visits and sick visits about the number of absences a student has experienced
- Praise patients and caregivers when patients are attending school
- Support parents in addressing barriers to attendance
- Assist families in documenting and interpreting their children's medical needs or disability for an individualized education program or 504 plan
- Encourage families to share their concerns about their children's health with their school nurse
- Place a focus on prevention measures to stay healthy and in school, including good nutrition, adequate sleep and physical activity, proper hygiene, etc
- Provide firm guidance on when a child should stay home sick and how to avoid absences from minor illness or anxiety
- Develop relationships with school personnel, including school nurses and mental health clinicians, to foster care coordination and data-sharing opportunities

SUGGESTIONS TO IMPROVE COLLABORATION WITH PHYSICIANS

Create a standardized form for H.I. that includes amount of absences as well as information about limitations of H.I. and importance of early school return

Require a diagnosis and a detailed treatment plan

School physician can determine H.I. to be incomplete and request more information before approving H.I.

School can request that school physician include relevant information in school excusal note, such as awareness of the amount of days absent

School physician can call student's physician to discuss

HOME INSTRUCTION > 30 DAYS

- Have administration discuss modified days. Goal is to get student back in school before school avoidance worsens
- Make sure physician knows how many days missed and how many eligible days
- Also include how often the student is actually utilizing H.I
- Consider requiring psychiatry evaluation for approval of H.I. if not already done
- Inquire about plan of care- is it working?
- If not improving, recommend escalation of care
- Still only approve for 30 days at a time

SAMPLE 30-60 DAY HOME INSTRUCTION FORM

Our goal is to help the student return to school as soon as possible so they can get the full benefits of the educational environment. Home instruction is not an ideal replacement for in-person schooling, and the mutual goal should be to return the child to school as quickly as medically possible so they may continue their education and social and emotional learning. We have multiple resources to work with the family to help the student return to school.

Please help us work together for the benefit of this student by updating the current diagnosis and treatment plan, considering the information noted above.

If it has been more than thirty days since your patient has last attended school, please consider that School Avoidance might be developing, which is a symptom of pediatric anxiety disorders. Please consider discussing this with the family and escalating care if needed to help address this.

Should you have any questions or want to reach out to us, we would be happy to discuss the student's case with you and work together collaboratively.

Current Medical and Psychiatric Diagnoses:

Please include a Detailed Treatment Plan:

Please communicate any Specific Information for the School:

Length of Time for Home Instruction (*Please note, unless this is for a specific medical procedure, no more than thirty (30) days should be requested).*: _____

HOME INSTRUCTION > 60 DAYS

- Refer to Child Study Team per NJ Code
- Have administration discuss modified days. Goal is to get student back in school before school avoidance worsens
- Consider requiring psychiatry evaluation for approval of H.I. if not already done
- Inquire about plan of care
- If not improving, recommend escalation of care
- Still only approve for 30 days at a time

CREATE A SCHOOL RE-ENTRY PLAN

FOLLOW SCHOOL SCHEDULE AT HOME (WAKE UP TIME, STRUCTURE)

DRIVE TO SCHOOL

WALK INTO BUILDING, MEET WITH TEACHER

ENTER SCHOOL AND DO ASYNCHRONOUS WORK IN LIBRARY/CLASSROOM

ATTEND 1-2 PREFERRED CLASSES

ATTEND 3-4 PREFERRED CLASSES

ATTEND FULL DAY WITH BREAKS

FULL RETURN TO SCHOOL

MODIFICATIONS TO SUGGEST

Schedule modifications

- Arrival and Leave time
- Drop a class

Assignment Modifications

- Waive/modify assignments
- Extended time

In class Modifications

- Preferred seat
- Leave class early if hallway traffic a stressor
- Ability to see counselor as needed

OUTSIDE RESOURCES

- Local Therapists and Psychiatrists
- NJ PPC
- IOP Programs
- Virtual IOP Programs- Instride Health

WHAT'S NEW FOR 2026?

Homebound Instruction Updates- APNs and Pas can now write for it

Chronic Absenteeism Task Force in NJ

Web based School Notes without an exam?

[Second Reprint]

ASSEMBLY, No. 3340

STATE OF NEW JERSEY

221st LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2024 SESSION

Sponsored by:
Assemblyman LOUIS D. GREENWALD
District 6 (Burlington and Camden)
Assemblyman STERLEY S. STANLEY
District 18 (Middlesex)
Assemblywoman CAROL A. MURPHY
District 7 (Burlington)
Senator PAUL D. MORIARTY
District 4 (Atlantic, Camden and Gloucester)
Senator ANGELA V. MCKNIGHT
District 31 (Hudson)

Co-Sponsored by:
Assemblywoman Bagolie

Bills and Joint Resolutions Signed by the Governor

Identical Bill Number: S1763 ***Last Session Bill Number:*** S4062

This bill has not been certified by OLS for a fiscal note.

Primary Sponsor:	*Co-Sponsor:*
Greenwald, Louis D. Stanley, Sterley S. Murphy, Carol A. Moriarty, Paul D. McKnight, Angela V.	Bagolie, Rosaura

1/9/2024	Introduced, Referred to Assembly Education Committee
3/4/2024	Reported out of Asm. Comm. with Amendments, and Referred to Assembly Health Committee
3/6/2025	Reported out of Assembly Committee, 2nd Reading
3/24/2025	Passed by the Assembly (75-2-0)
5/12/2025	Received in the Senate, Referred to Senate Education Committee
12/4/2025	Reported from Senate Committee with Amendments, 2nd Reading
12/18/2025	Substituted for S1763 (1R)
12/18/2025	Passed by the Senate (38-0)
12/18/2025	Received in the Assembly, 2nd Reading on Concurrence
12/22/2025	Passed Assembly (Passed Both Houses) (71-3-0)
1/12/2026	Approved P.L.2025, c.240.

AN ACT concerning the provision of home instruction by school districts and supplementing chapter 40 of Title 18A of the New Jersey Statutes.

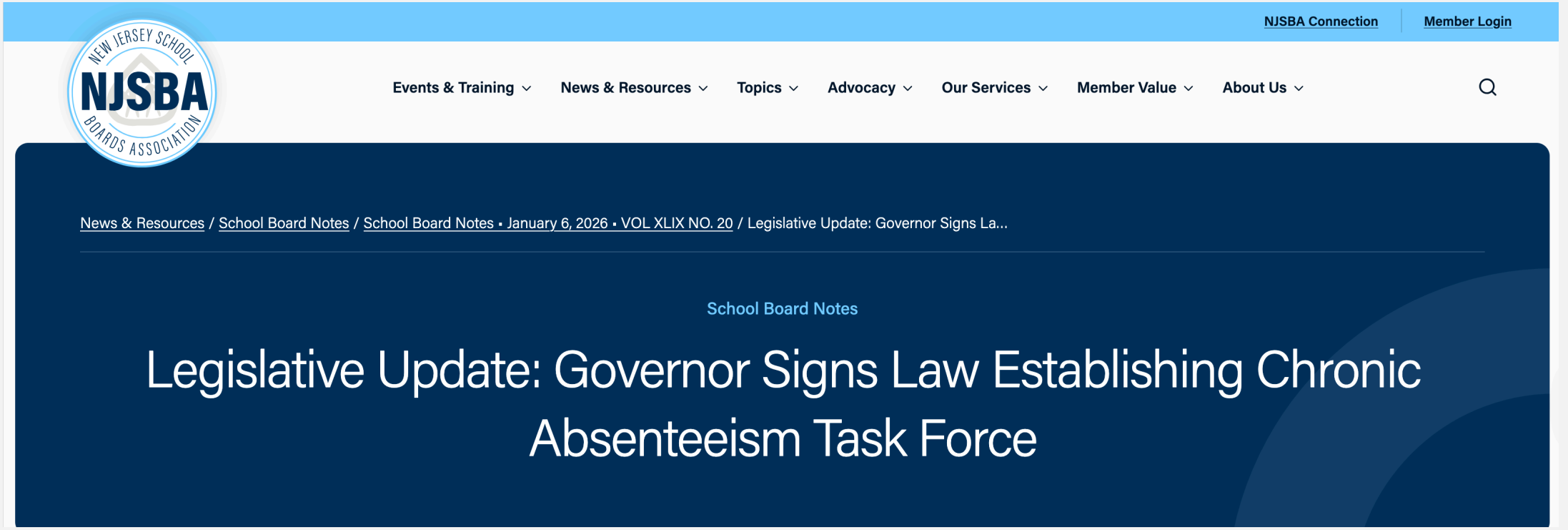
BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. a. A parent or guardian requesting home instruction due to a student's temporary or chronic health condition or need for treatment that precludes participation in the student's usual education setting, whether general education or special education, shall submit to the board of education a request that includes a written determination from the student's physician [1], physician assistant,[1] or advanced practice nurse documenting the projected need for confinement at the student's residence or other treatment setting for more than 10 consecutive school days or [1][20] [2][15[1]] 17[2] cumulative school days during the school year.

b. The provisions of this section shall be in addition to any other requirement for the receipt of home instruction established pursuant to State Board of Education regulations.

2. This act shall take effect immediately.

CHRONIC ABSENTEEISM TASK FORCE



Chronic Absenteeism Task Force A-5779/S-3776 (*P.L.*2025, c.181, signed Dec. 23, 2025) will establish a task force to study the causes of chronic absenteeism and develop recommendations for lowering absenteeism rates. The bill had been conditionally vetoed by the governor and returned to the Legislature with minor recommendations; the Legislature approved those recommendations before final passage. As amended, the law will create a 15-member group (including one member recommended by the NJSBA) that will be required to issue a final report to the governor within one year of its organization.

T&E

P.L. 2025, CHAPTER 181, ***approved December 23, 2025***
Senate, No. 3776 ***(Third Reprint)***

AN ACT establishing the Chronic Absenteeism Task Force.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. a. There is established the "Chronic Absenteeism Task Force," to assess chronic absenteeism in the State's public schools.

b. The task force shall consist of [1][17] [2][18[1]] 20[2] members as follows:

2. It shall be the duty of the Chronic Absenteeism Task Force to:

a. examine and compare current and pre-pandemic data on chronic absenteeism in the State;

b. analyze the root causes of chronic absenteeism, which may include, but are not limited to, barriers to attendance, aversion to school, disengagement from school, and misconceptions about the impact of absences;

c. examine the role of mental health and school climate in chronic absenteeism rates;

d. analyze and develop recommendations regarding the impact of absences due to exposure to COVID-19 and student discipline policies;

e. research best practices that other states have implemented to address chronic absenteeism that may be replicated in the State; and

f. develop recommendations on the most effective ways for school districts to promote family engagement to combat chronic absenteeism.

3. The Chronic Absenteeism Task Force shall issue a final report to the Governor, and the Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), no later than [1][one year] [3][six months[1]] one year[3] after the organization of the task force. The report shall contain the task force's findings and recommendations,

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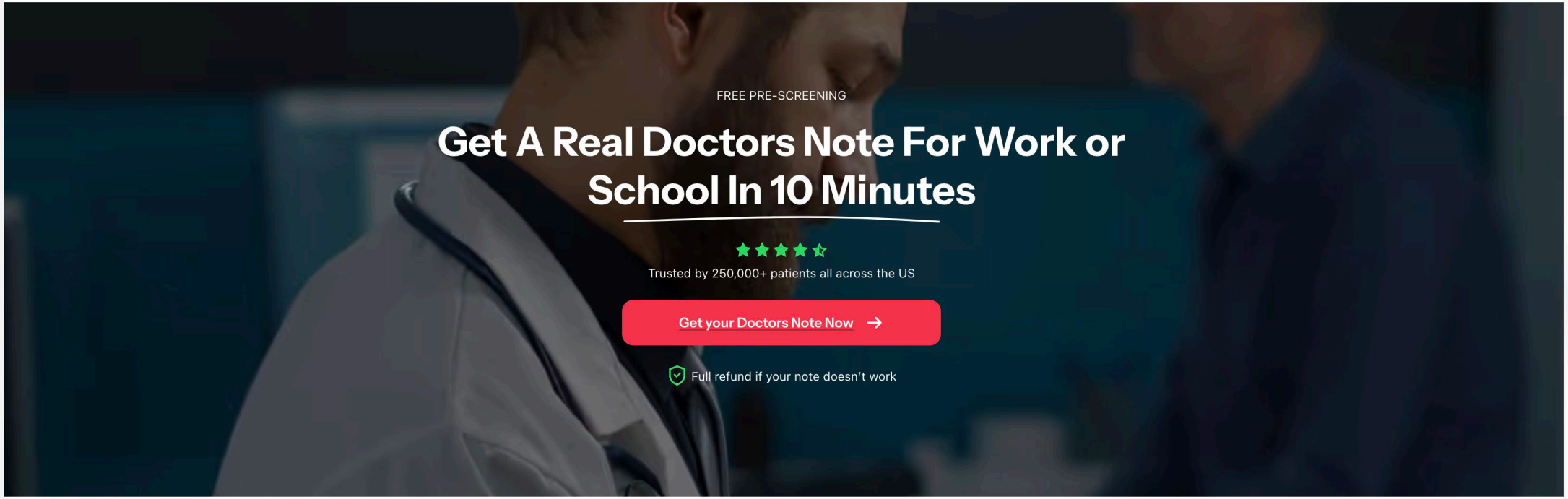

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24/7 Employer verification service with live customer support - Makes it easy for employers to confirm authenticity.

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Skip Live Consultations - Our doctors review your intake form. No video consult required.

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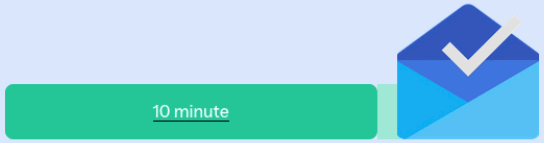

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BACK TO CHARLIE- WHAT CAN WE HAVE DONE BETTER?

Earlier Recognition

Higher level of suspicion after hospitalization

Use the Home Instruction process to your advantage

Family physician unaware of amount of abscenses
No treatment plan, just diagnosis of anxiety

Improve Communication and Collaboration with Family

Parents unaware of the concept of School Avoidance
Did not know how else to help Charlie
Did not know there were options for Modified Days

Improve Communication and Collaboration with Physicians

Family physician unaware about the limitations of HI
Were told by parents that school was ok with this
Didn't know where/how to escalate to get Charlie more help

SUMMARY FOR PHYSICIANS AND SCHOOL PHYSICIANS

Familiarize yourself with school regulations about HI/school avoidance

Inquire about school absences- ***remember- 2 days per month on average = chronic absenteeism***

Collaborate with school nurses

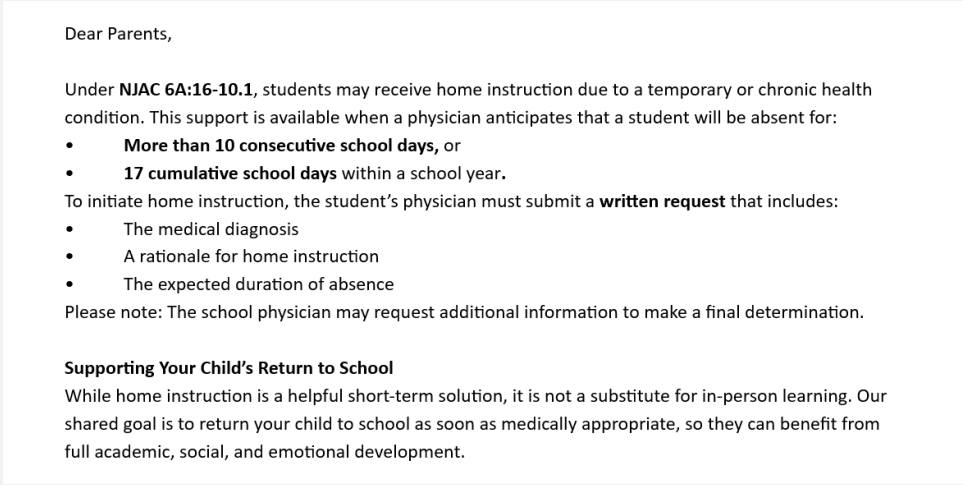
Don't write notes to excuse students if you are not comfortable

SUMMARY FOR EVERYONE

- Chronic Absenteeism is a significant education concern
- Use Attendance as a "Vital Sign"
- School Avoidance should be addressed as early as possible
- Communication and Collaboration between administration, school nurses, the student's family and the student's physician are imperative

DR FRANK'S HOME INSTRUCTION REQUEST PROCESS

- I use 3 forms combining Dr Mandelbaum's content with my prior content for the Home Instruction Process
  - The 3 words files are included in this presentation and will be attached to the follow up email
    - The first form is a Dear Parent Letter.
    - Second form is a 2-page letter for the Physician to review and complete.
    - The third form is my response back to the school.



Dear Parents,

Under **NJAC 6A:16-10.1**, students may receive home instruction due to a temporary or chronic health condition. This support is available when a physician anticipates that a student will be absent for:

- **More than 10 consecutive school days,** or
- **17 cumulative school days** within a school year**.**

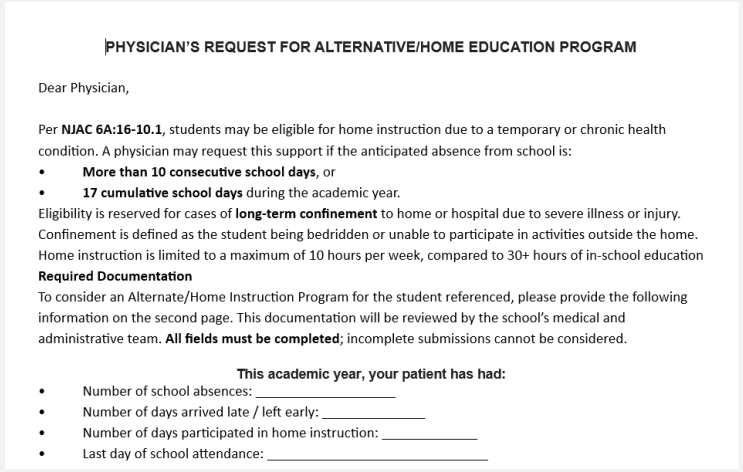
To initiate home instruction, the student's physician must submit a **written request** that includes:

- The medical diagnosis
- A rationale for home instruction
- The expected duration of absence

Please note: The school physician may request additional information to make a final determination.

Supporting Your Child's Return to School

While home instruction is a helpful short-term solution, it is not a substitute for in-person learning. Our shared goal is to return your child to school as soon as medically appropriate, so they can benefit from full academic, social, and emotional development.



PHYSICIAN'S REQUEST FOR ALTERNATIVE/HOME EDUCATION PROGRAM

Dear Physician,

Per **NJAC 6A:16-10.1**, students may be eligible for home instruction due to a temporary or chronic health condition. A physician may request this support if the anticipated absence from school is:

- **More than 10 consecutive school days**, or
- **17 cumulative school days** during the academic year.

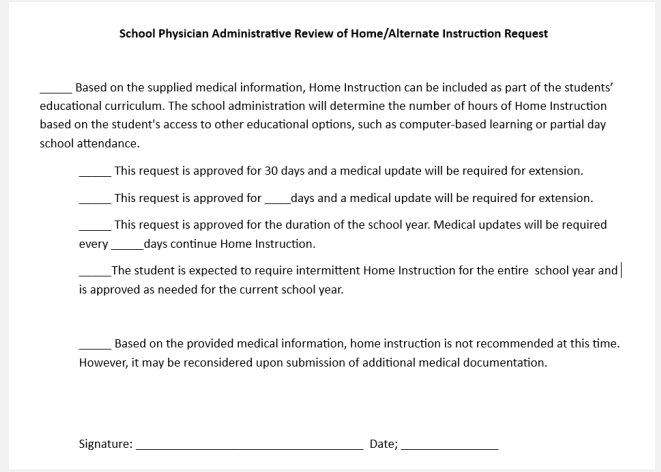
Eligibility is reserved for cases of **long-term confinement** to home or hospital due to severe illness or injury. Confinement is defined as the student being bedridden or unable to participate in activities outside the home. Home instruction is limited to a maximum of 10 hours per week, compared to 30+ hours of in-school education

Required Documentation

To consider an Alternate/Home Instruction Program for the student referenced, please provide the following information on the second page. This documentation will be reviewed by the school's medical and administrative team. **All fields must be completed**; incomplete submissions cannot be considered.

This academic year, your patient has had:

- Number of school absences: _____
- Number of days arrived late / left early: _____
- Number of days participated in home instruction: _____
- Last day of school attendance: _____



School Physician Administrative Review of Home/Alternate Instruction Request

_____ Based on the supplied medical information, Home Instruction can be included as part of the students' educational curriculum. The school administration will determine the number of hours of Home Instruction based on the student's access to other educational options, such as computer-based learning or partial day school attendance.

_____ This request is approved for 30 days and a medical update will be required for extension.

_____ This request is approved for ____days and a medical update will be required for extension.

_____ This request is approved for the duration of the school year. Medical updates will be required every _____days continue Home Instruction.

_____The student is expected to require intermittent Home Instruction for the entire school year and is approved as needed for the current school year.

_____ Based on the provided medical information, home instruction is not recommended at this time. However, it may be reconsidered upon submission of additional medical documentation.

Signature: _____ Date; _____

THE REVIEW PROCESS

- Once the completed form is received
  - I contact the School Nurse or other appropriate staff to address the request and obtain further clinical information.
  - We address the back story and whether the request is reasonable
  - In some cases, a phone call to the ordering provider is warranted
  - Approval is usually for 30 days and requires updated medical information for renewal.
    - My approval form states that "Home Instruction **can be included as part** of the students' educational curriculum. The school administration will determine the number of hours of Home Instruction based on the student's access to other educational options, such as computer-based learning or partial day school attendance."

NJPSAFEA LEGAL ONE

Law, **E**thics and **G**overnance for **A**ll **L**eaders, including an **O**verview of **N**ew and **E**merging Issues

LEGAL REQUIREMENTS RELATED TO STUDENT ATTENDANCE

DAVID NASH, ESQ.

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Home Instruction

- Students on home instruction are not to be marked "absent" - NJAC 6A:32-8.1e
- Home instruction for a student with a *temporary or chronic health condition* must be for the number of days and length of time *sufficient to continue the student's academic progress*
- Home instruction time *for reasons other than a temporary or chronic health condition*, must be no less than 10 hours, or as required by NJAC 6A:14-4.8 and 4.9
- Homeschooling:
  - See NJDOE website for FAQs - https://www.state.nj.us/education/genfo/faq/faq_homeschool.htm

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Home Instruction

- **P.L. 2025, c. 240 (1/12/26)** - Clarifies which health care professional may provide documentation to school district of need for home instruction due to student's health condition. A-3340
- Expands who may provide written determination of the need for home instruction. In addition to the student's physician, now allows for documents from physician's assistant, or advanced practice nurse documenting the projected need for confinement at the student's residence or other treatment setting for more than 10 consecutive days, or more than 17 (down from 20) cumulative school days during the school year.

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Required Action in Response to Unexcused Absence

- Up to 4 cumulative unexcused absences
  - School District must notify student's parents prior to the start of the next school day (reasonable attempt);
  - Identify needed action to encourage attendance.

- Between 5 and 9 cumulative unexcused absences
  - School District must notify student's parents prior to start of next school day (reasonable attempt)
  - Learn the cause; and
  - Develop an action plan to address patterns of unexcused absences

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Truancy

- Truancy occurs when a student between the ages of 6 and 16 has 10 or more cumulative unexcused absences
  - Parent/guardian may be charged with a disorderly persons offense
    - 1st Offense – up to $25 fine
    - Subsequent Offenses – up to $100 fine
    - Each day of unexcused absence is a separate offense
  - Student may be referred to Family Part of Superior Court
    - District must do case by case review of reasons for absences to determine if referral is necessary
  - Truant student may be found to be a juvenile delinquent if the parent is unable to get the student to attend school

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FERPA—Q & A on doctor notes

- Q. If a school wants to contact a child's doctor about an inaccuracy on an excuse note, do we need any special permission or may we contact the doctor directly?

- A. Under FERPA, the 2008 regulations changed the definition of "disclosure" to permit a school to contact the stated source of a record (such as a doctor's note) for verification purposes. This is not considered a disclosure and, therefore, does not violate FERPA. In other words, FERPA permits a targeted release of records back to the stated source for verification purposes.

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Panel Discussion

Lorraine Borek, MSN, MEd, RN, CSN-NJ,
Nurse Consultant, NJ Dept. of Ed.

David Nash, Esq.
Director, Legal One

Cynthia Samual, PhD, RN, FNASN, FNYAM, CSN-NJ
President, NJ State School Nurses Assoc.

Malpractice Insurance

- School physicians consult in the development and implementation of school district policies, procedures and mechanisms related to health, safety and medical emergencies pursuant to N.J.A.C. 6A:16-2.1(a);
- Your Mal-Practice policy only covers "direct patient care". Any role related to **consultation** as noted above is NOT covered.
- We have discovered that the school district/board coverage also does NOT cover the **physicians** for this role.

Anyone can be named in a lawsuit for any reason – directly and indirectly!

Kevin Byrne, Senior VP

Alliant Insurance Services

Email: Kevin.Byrne@alliant.com

Phone Number: 908-783-2567

Join Our Next Session!

- When: May 21, 2026
- Time:12:00pm-1:00pm
- Where: Via Zoom
- Topic: TBD

Upcoming Topics to Consider:
Standing Orders
Legal Issues
Mental Health Diagnosis
Diabetes
Concussions
Seizures

Evaluation

Reminder:

Please be sure to complete the session evaluation at:

https://www.surveymonkey.com/r/NT7DTDM

Thank You!

Contact us:

Tizana Hoggs, MPA | Program Manager | Thoggs@njaap.org
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