

**PREGNANCY-RELATED SERVICES
COMPENSATORY EDUCATION HOME INSTRUCTION (CEHI)
ELIGIBILITY PACKET**

Required Forms and Documentation

- Student Information Log
- Compensatory Education Home Instruction (CEHI) Guidelines & Parent Statement of
- Parent Medical Practitioner's Letter verifying student's eligibility
- Medical Confinement & Prenatal/Postpartum Extension form
- Student Emergency Information & Medical Consent form
- Teacher Home Instruction Log documenting all instruction time
- PRS Homebound Teacher Timesheet
- PRS Travel Reimbursement Form
- Copy of School Year Calendar

Documentation possibly needed:

- Medical release if student returns to campus temporarily for testing or services during confinement
- Copy of current ARD if receiving special education



Return Completed Form
to School Counselor

**PREGNANCY-RELATED SERVICES
COMPENSATORY EDUCATION HOME INSTRUCTION (CEHI)
STUDENT INFORMATION LOG**

STUDENT NAME _____ STUDENT ID# _____

CAMPUS _____ GRADE LEVEL _____

PROGRAM ENTRY

Date of Initial Meeting with Student Regarding Pregnancy _____

Verifying School Official /Title _____

PRS Entry Date _____

Homebound Teacher _____

COMPENSATORY EDUCATION HOME INSTRUCTION RECORD

| | <u>PRENATAL</u> | <u>POSTPARTUM</u> |
|----------------------|-----------------|-------------------|
| CEHI Entry/Exit Date | _____ | _____ |
| CEHI Entry/Exit Date | _____ | _____ |

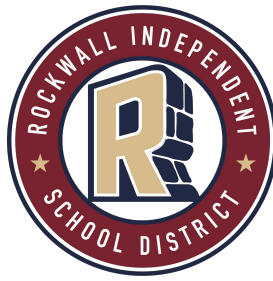
PROGRAM EXIT

Pregnancy End Date _____

Date Student Returned to Full-Time Instruction _____

PRS Program Exit Date _____

This form and student PRS file should be retained for a minimum of five (5) years per TEA Student Attendance Accounting Handbook.



Return Completed Form
to School Counselor

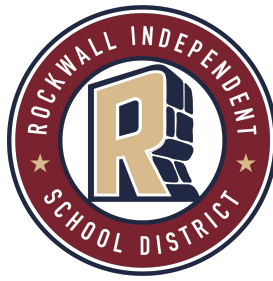
**PREGNANCY-RELATED SERVICES
COMPENSATORY EDUCATION HOME INSTRUCTION (CEHI)
GUIDELINES & PARENT STATEMENT**

Student _____ I.D. # _____ Campus _____

1. The Rockwall Independent School District is committed to providing a quality education for all students. In order to maximize the educational experience, it is in the best interest of students to remain on their regular school schedule, unless medical complications deem this inappropriate.
2. Pregnancy-Related Services may begin for a student once the student’s school counselor receives the Medical Confirmation signed by a medical practitioner.
3. Medical appointments should be scheduled after 2:30 p.m. if possible while attending regular schedule.
4. The student and/or parent must notify a school official on the date of delivery. A homebound teacher will be designated to provide assignments and instruction for four hours per school week in order to keep the student current with classwork, and to avoid being counted as absent during this time.
5. Limitations of leave that may be taken upon recommendation of a licensed medical practitioner:

| | |
|---------------------------|---|
| Prenatal Leave | 5-19 School Days |
| Prenatal Extended Leave | 20+ School Days (Medical Extension Form Required) |
| Postpartum Leave | 2 to 6 weeks |
| Postpartum Extended Leave | Up to 10 weeks (Medical Extension Form Required) |

6. Parent/Guardian agrees to provide a place in the home for instruction that is quiet (away from other people and from television, music, etc.), clean, well-lighted, smoke-free, properly ventilated, and heated or cooled.
7. The student will be ready to do school work when the CEHI teacher arrives, and the student’s schedule for other activities will be adjusted to the CEHI program. A regular schedule of instruction will be maintained except for medical reasons.
8. I understand that a change in CEHI arrangement may be necessary from time to time, if other students are added or dropped from the CEHI teacher’s schedule. As a result, I understand that my daughter’s schedule may have to be adjusted.
9. I will ensure that a responsible adult (preferably a student’s mother, aunt, or person over age 18) will always be in the home during the time the CEHI teacher is present.



Return Completed Form
to School Counselor

**PREGNANCY-RELATED SERVICES
COMPENSATORY EDUCATION HOME INSTRUCTION (CEHI)
GUIDELINES & PARENT STATEMENT**

10. I will notify the CEHI teacher (Name _____ / Phone _____) by or before 8 a.m. if my daughter is unable to keep the scheduled instruction appointment. I understand that my CEHI services are subject to termination and my daughter will be counted absent if the teacher makes a visit to my home and I am not available or an adult is not present in the home and I have failed to cancel the scheduled visit according to this agreement.

11. I understand that most (about 95%) of the work must be completed by the student between the CEHI teacher's visits; that the student must be willing to work independently; and that she must be willing to accept the responsibility for completing homework with the guidance of the CEHI teacher. I will ensure that my daughter has adequate study time without interruption.

12. I understand that I am responsible to the school for all textbooks and materials assigned to my daughter during the period of CEHI.

13. I understand that for attendance purposes, four (4) hours of CEHI a week equals five (5) days attendance; three (3) hours equals three (3) days; two (2) hours equals two (2) days and one (1) hour equals one (1) day.

14. I understand that CEHI cannot begin until the above conditions have been met and that services will discontinue if these conditions are not maintained. The teacher may terminate session if it is in the student or teacher's best interest.

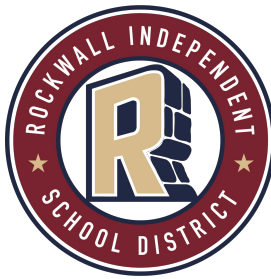
I have read and understand the Guidelines of the Compensatory Education Home Instruction.

I ACCEPT or DECLINE services.

PARENT/GUARDIAN

STUDENT

DATE



Return Completed Form
to School Counselor

**PREGNANCY-RELATED SERVICES
COMPENSATORY EDUCATION HOME INSTRUCTION (CEHI)
MEDICAL PRACTITIONER'S LETTER**

To: Attending Medical Practitioner
Re: Compensatory Education Home Instruction (CEHI)
Student Name:
Date:

Dear Medical Personnel:

The above-named student has indicated possible eligibility for Compensatory Education Home Instruction (CEHI) educational services. These services are provided for students who will be physically unable to attend school during a pregnancy and/or postpartum. Under the program, the student will receive instruction in the home until physically able to return to school.

Students are encouraged to return to school after a minimum of **four weeks after delivery**, and **not to exceed six weeks leave**.

If there are unusual complications from the pregnancy and/or delivery, you may prescribe an extension of the postpartum period for up to four additional weeks. The extension may be for complications with the student's or the newborn infant's health.

This completed confirmation will enable us to determine eligibility for Pregnancy-Related Services.

MEDICAL CONFIRMATION

_____ is a student attending school in the Rockwall Independent School District and is currently being evaluated for possible compensatory education services.

Student Name

Medical Practitioner _____
Office/Clinic _____
Address _____
City, State, Zip _____
Phone _____

Based upon my investigation, the above-named student is pregnant.

Estimated Date of Delivery _____ Date of Patient Interview _____

Signature/Date

Name/Title (Please print.)



Return Completed Form
to School Counselor

**PREGNANCY-RELATED SERVICES
COMPENSATORY EDUCATION HOME INSTRUCTION (CEHI)
MEDICAL CONFINEMENT & PRENATAL/POSTPARTUM EXTENSION**

Note to Medical Practitioner: Please carefully complete the information below and return as soon as possible to fax #/email _____. This information is required to begin student services.

Student's Name: _____
Last First Middle

Student's Date of Birth: _____

Date of Delivery (if applicable): _____

This student's medical condition (is) (is not) communicable, infectious or contagious to others.

Reason for Confinement:

Illness/complications due to pregnancy _____

Postpartum Recovery _____

Estimated Period of Confinement: _____

Precautions:

Restrictions that CEHI teacher should observe in working with the students are as follows:

Prognosis for Improvement of Physical Condition:

Date Signature of Licensed Practitioner Name (Please print.)

Practitioner Address: _____

Practitioner Telephone: _____ Fax: _____



Return Completed Form
to School Nurse

**PREGNANCY-RELATED SERVICES
COMPENSATORY EDUCATION HOME INSTRUCTION (CEHI)
STUDENT EMERGENCY INFORMATION & MEDICAL CONSENT**

Student _____

Date of Birth _____ Name of Parent/Guardian _____

Address _____
Street City State Zip

Phone _____ Expected Date of Delivery _____

Physician's Name _____ Phone _____

Preferred Hospital _____ Phone _____

Persons to be contacted in case of emergency:

- 1. _____ Phone _____
(Relationship)
- 2. _____ Phone _____
(Relationship)
- 3. _____ Phone _____
(Relationship)

In the event that the student should become ill or injured, do District medical personnel have consent to administer first aid to the student? _____ YES _____ NO

In the event that the District is unable to contact the above-named individuals, do school personnel have consent for a doctor to administer treatment to the student? _____ YES _____ NO

I give consent for medically certified staff employed with RISD, to obtain information from my physician regarding my pregnancy, my health, or my baby's health. _____ YES _____ NO

Student Signature Date

Parent/Guardian Signature Date

State of Texas
County of Rockwall

SWORN TO AFFIRMED AND SUBSCRIBED before me on this _____ day of _____, 20____.

Notary Public Signature

Printed or Typed Name

Commission Expiration



Teacher Turns in Weekly
to Campus Attendance

PREGNANCY-RELATED SERVICES COMPENSATORY EDUCATION HOME INSTRUCTION (CEHI) TEACHER HOME INSTRUCTION LOG

Teacher Name _____ Campus _____
 Student Name _____ Student ID # _____
 Student Grade Level _____ School Year _____

| Date of Contact | Time Visited/Hours | Comments |
|--------------------|-----------------------|----------|
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For attendance purposes, four (4) hours of CEHI a week equals five (5) days attendance; three (3) hours equals three (3) days; two (2) hours equals two (2) days and one (1) hour equals one (1) day. This form and student PRS file should be retained for a minimum of five (5) years per TEA Student Attendance Accounting Handbook.



Teacher Turns in Monthly
to Student Services

**PREGNANCY-RELATED SERVICES
COMPENSATORY EDUCATION HOME INSTRUCTION (CEHI)
HOMEBOUND TEACHER TIMESHEET**

Employee/Teacher Name _____

Student Name _____

Campus _____

Beginning Date _____

| | MON | TUES | WED | THURS | FRI | TOTAL |
|----------|-----|------|-----|-------|-----|-------|
| DATE | | | | | | |
| TIME IN | | | | | | |
| TIME OUT | | | | | | |
| TIME IN | | | | | | |
| TIME OUT | | | | | | |
| TOTAL | | | | | | |

| | MON | TUES | WED | THURS | FRI | TOTAL |
|----------|-----|------|-----|-------|-----|-------|
| DATE | | | | | | |
| TIME IN | | | | | | |
| TIME OUT | | | | | | |
| TIME IN | | | | | | |
| TIME OUT | | | | | | |
| TOTAL | | | | | | |

| | MON | TUES | WED | THURS | FRI | TOTAL |
|----------|-----|------|-----|-------|-----|-------|
| DATE | | | | | | |
| TIME IN | | | | | | |
| TIME OUT | | | | | | |
| TIME IN | | | | | | |
| TIME OUT | | | | | | |
| TOTAL | | | | | | |

| | MON | TUES | WED | THURS | FRI | TOTAL |
|----------|-----|------|-----|-------|-----|-------|
| DATE | | | | | | |
| TIME IN | | | | | | |
| TIME OUT | | | | | | |
| TIME IN | | | | | | |
| TIME OUT | | | | | | |
| TOTAL | | | | | | |

MONTHLY TOTAL HOURS _____

Employee Signature _____

Principal Signature _____

Submit Form to Student & Family Services.

Authorized Signature _____ Budget Code _____ Total Pay _____



Rockwall Independent School District Same Day Travel Reimbursement Form

DATE: _____

NAME OF TRAVELER
REASON FOR TRAVEL

CAMPUS / DEPARTMENT:

BUDGET CODE:

INFORMATION ONLY

This form is used to claim reimbursement for same day business travel. Reimbursable Mileage Rates for within district can be found on the RISD In-District Mileage chart - please hold and report a single month's travel for routine in-district travel. Include mapquest or similar support for trip miles outside of RISD.

| DATE | START FROM | DESTINATION | PURPOSE OF TRIP | NO. OF MILES DRIVEN | @ | 0.545 | TOTAL |
|---|--------------|--------------|-----------------|--------------------------|------------------|-------|--------|
| | | | | | @ | 0.545 | \$0.00 |
| | | | | | @ | 0.545 | \$0.00 |
| | | | | | @ | 0.545 | \$0.00 |
| | | | | | @ | 0.545 | \$0.00 |
| | | | | | @ | 0.545 | \$0.00 |
| | | | | | @ | 0.545 | \$0.00 |
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| | | | | | @ | 0.545 | \$0.00 |
| | | | | | @ | 0.545 | \$0.00 |
| | | | | | @ | 0.545 | \$0.00 |
| | | | | | @ | 0.545 | \$0.00 |
| TOTAL Miles | | | | | | | \$0.00 |
| TOLLS (include support from toll authority account) | | | | | | | \$ - |
| PARKING (include support) | | | | | | | \$ - |
| | | | | NONTAXABLE REIMBURSEMENT | ACCOUNTS PAYABLE | | \$0.00 |
| OUT OF DISTRICT TAXABLE MEAL REIMBURSEMENT - TRAVEL MUST BE GREATER THAN 50 MILES ONE WAY; RECEIPTS REQUIRED | | | | | | | |
| DEPARTURE TIME: | | RETURN TIME: | | | | | |
| DESTINATION/REASON FOR TRAVEL: | | | | | | | |
| BREAKFAST | After 8 a.m. | \$7.00 | | | | | |
| LUNCH | After 2 p.m. | \$13.00 | | | | | |
| DINNER | After 6 p.m. | \$20.00 | | | | | |
| | | | | TAXABLE REIMBURSEMENT | PAYROLL | | \$0.00 |

This form is subject to change. For your use, please access the most recent fillable form from the Rockwall ISD website staff intranet.

I certify that this travel is for official RISD business, and that the account of expenses shown is true, correct and unpaid.

Signature of Traveler

Date

Approved for Payment:

Principal/Department Head

Date