



# Home Instruction and the Law: Addressing Chronic Absenteeism

March 24, 2026

# 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.*



**STATE OF NEW JERSEY  
DEPARTMENT OF EDUCATION**

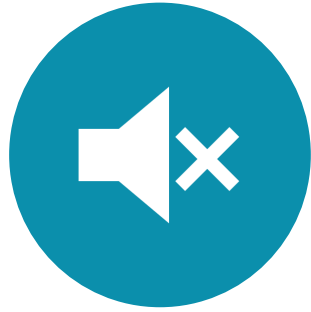


**Green Brook Family Medicine**

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

# Meet Our Co-Chairs



**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*

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

# CHRONIC ABSENTEEISM- HOW TO ADDRESS SCHOOL AVOIDANCE



# GOALS FOR TODAY'S 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

[Home](#) / [Patient Care](#) / [School Health](#) / 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



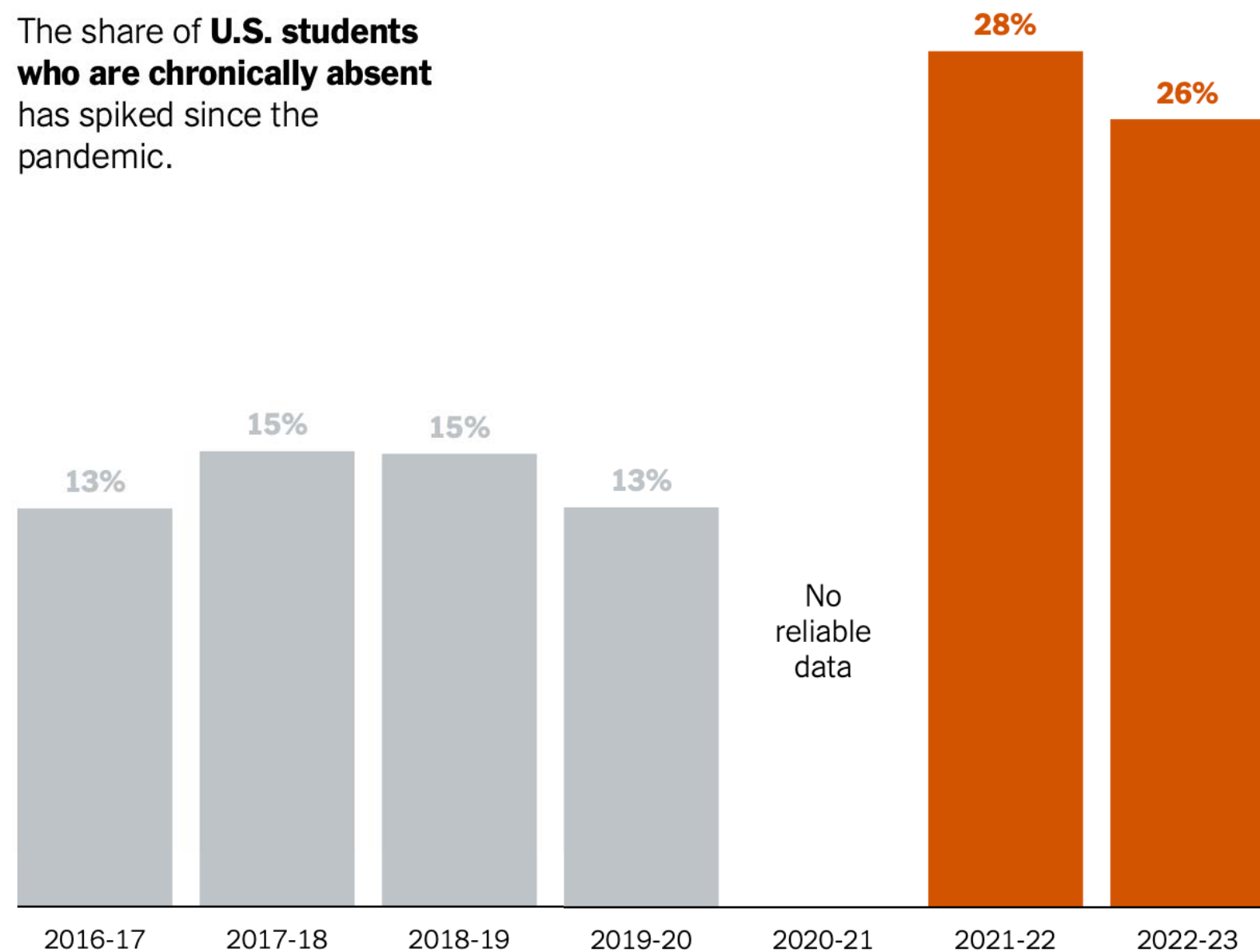
DEDICATED TO THE HEALTH OF ALL CHILDREN™

# The Link Between School Attendance and Good Health

Mandy A. Allison, MD, MSPH, FAAP,<sup>a</sup> Elliott Attisha, DO, FAAP,<sup>b</sup> 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: NetMellus, 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



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

HOW DOES  
IT DEVELOP?

# 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

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

WHAT CAUSES  
SCHOOL  
AVOIDANCE?

POSITIVE AND  
NEGATIVE  
REINFORCERS

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

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

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

## HOME INSTRUCTION FORM

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 reinforcers 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.

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# IMPROVED COLLABORATION WITH FAMILIES

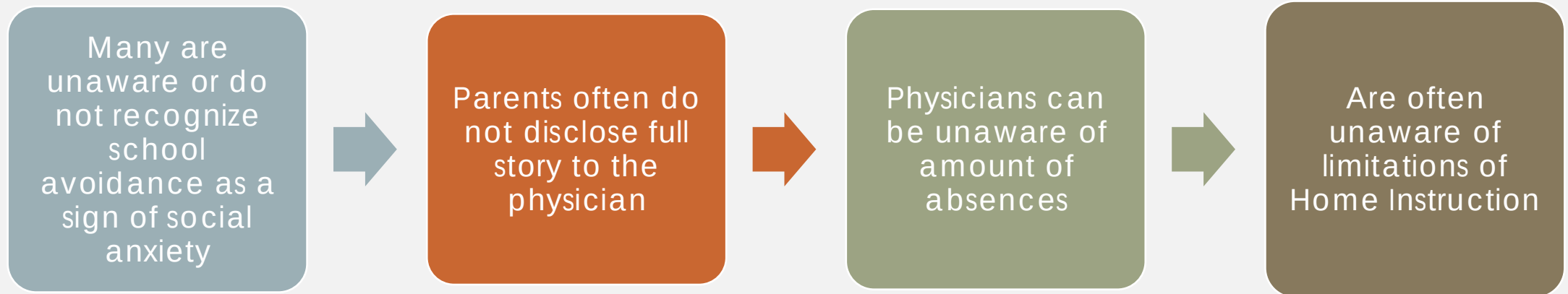
| Trusted Resource                                    | Negative Reinforcer                                                                                                                                        | Positive Reinforcers                                                                                                                                                                                   | Make Home Less Comfortable                                                                                             | Re-entry                         | Success                               |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------|
| Have trusted school source get on phone with family | Find out about negative reinforcers: <ul style="list-style-type: none"><li>•What makes school difficult? Get teacher and parent opinions as well</li></ul> | Find out about positive reinforcers <ul style="list-style-type: none"><li>•What do they like about being home? Sleep in. Lots of screen time. No stress. No social pressure. Extra attention</li></ul> | <ul style="list-style-type: none"><li>•Remove positive reinforcers</li><li>•Usually screens, internet access</li></ul> | 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/CLASSRO  
OM



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**

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**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:*

Greenwald, Louis D.  
Stanley, Sterley S.  
Murphy, Carol A.  
Moriarty, Paul D.  
McKnight, Angela V.

### *Co-Sponsor:*

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.                                                             |

---

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

4  
5       **BE IT ENACTED** *by the Senate and General Assembly of the State*  
6       *of New Jersey:*

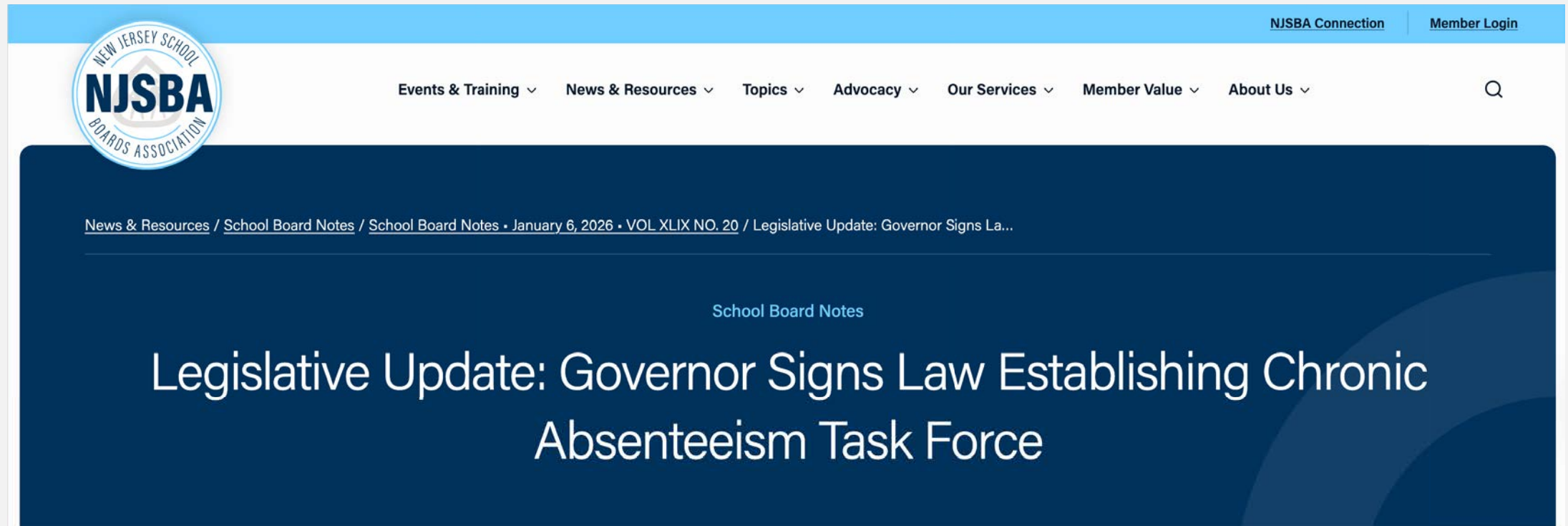
7  
8       1. a. A parent or guardian requesting home instruction due to a  
9       student's temporary or chronic health condition or need for  
10      treatment that precludes participation in the student's usual  
11      education setting, whether general education or special education,  
12      shall submit to the board of education a request that includes a  
13      written determination from the student's physician <sup>1</sup>, physician  
14      assistant,<sup>1</sup> or advanced practice nurse documenting the projected  
15      need for confinement at the student's residence or other treatment  
16      setting for more than 10 consecutive school days or <sup>1</sup>[20] <sup>2</sup>[15<sup>1</sup>]  
17      17<sup>2</sup> cumulative school days during the school year.

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

21

22      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.

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

1    **AN ACT** establishing the Chronic Absenteeism Task Force.

2

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

5

6       1.   a. There is established the “Chronic Absenteeism Task  
7 Force,” to assess chronic absenteeism in the State’s public schools.

8       b.   The task force shall consist of <sup>1</sup>**[17]** <sup>2</sup>**[18<sup>1</sup>]** 20<sup>2</sup> members as  
9 follows:

22  
23 2. It shall be the duty of the Chronic Absenteeism Task Force  
24 to:

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

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

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

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

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

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

41  
42 3. The Chronic Absenteeism Task Force shall issue a final  
43 report to the Governor, and the Legislature pursuant to section 2 of  
44 P.L.1991, c.164 (C.52:14-19.1), no later than <sup>1</sup>**[one year]** <sup>3</sup>**[six**  
45 **months<sup>1</sup>]** **one year<sup>3</sup>** after the organization of the task force. The  
46 report shall contain the task force's findings and recommendations,

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Skip the office visit - get a doctor's note online from the comfort of your home. 100% compliant with state laws.

## Get A Real Doctor's Note In 3 Easy Steps

Skip the office visit - get a doctor's note online from the comfort of your home. 100% compliant with state laws.

### Step 1



#### 3 Minute Medical Intake Form

Our comprehensive medical intake process ensures our doctors have all necessary details to review and approve your request.

### Step 2



#### Licensed Doctor Reviews Your Form

A certified doctor in your state reviews your details and provides approval — quickly, securely, and without the need for an in-person visit.

### Step 3



#### Receive Your Doctor's Note

Get your official doctors note online with a digital signature and tamper-proof authentication within an hour.

We offer modifications and extensions completely free of charge.

[Get Doctors Note Now](#) →

## Our Doctor's Notes - 100% Compliant for All Employers & Schools



99.9%  
Acceptance Rate



24/7  
Live Verification



State  
Licensed Doctors

### Accepted By Top Employers & Schools

**Board certified doctors licensed in your state** - Every note is reviewed by a licensed healthcare professional.

**Required medical details** - contained in all notes while protecting your private information.

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



### Get Your Note In Under 10 Minutes

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

**Available 24/7** - No need to schedule consultations weeks in advance.

**Email Delivery** - Get your verified note delivered straight to your email.

10 minute



### 24/7 Customer Support Powered by Real People

**Live, fast, and reliable support** - Reach us by phone or email.

**Unlimited and free note customization** - We can make any adjustments you need free of charge, including extending notes

**We prioritize your privacy** - We will never share personal health information with your employer without your consent.



**We're  
ready to  
help!**

### Costs Less Than Your Copay

~~\$49.99~~

**\$34.99**

30% Discount - Limited Time!

[Get your Doctors Note Now](#) →

# 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 absences  
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.”

# **LEGAL REQUIREMENTS RELATED TO STUDENT ATTENDANCE**

**DAVID NASH, ESQ.**

# 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](https://www.state.nj.us/education/genfo/faq/faq_homeschool.htm)

# 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.

## **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

# 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
    - 1<sup>st</sup> 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

## **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.

# Panel Discussion

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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

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- 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](mailto:Kevin.Byrne@alliant.com)

Phone Number: 908-783-2567

# Join Our Next Session!

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- 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

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## **Reminder:**

Please be sure to complete the session evaluation at:  
<https://www.surveymonkey.com/r/NT7DTD>



# Thank You!

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## Contact us:

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