

The Medically Necessary Virtual Instruction (MEDVI)

The Medically Necessary Virtual Instruction Program (MEDVI) provides instruction for KUSD students who are unable to attend school for at least one marking period (or more than 14 consecutive school days) in a face-to-face school environment due to a medically documented physical injury, medical condition, or severe emotional problem. The program is designed to provide support for core academic courses on a short-term basis. MEDVI is only offered in middle and secondary grades, and enrollment is always subject to the availability of courses.

The following steps are required prior to enrollment in Homebound Instruction:

- A meeting between the student's parent or guardian and the eSchool Program counselor.
- A review of the student's academic records
- A completed medical verification form, which may include Psychologist/Psychiatrist recommendation for severe emotional issues. This form must include the reason the participation expectations need to be waived, a plan for therapeutic services, and an estimate of the length of time services will be required. A signed consent form giving permission to appropriate eSchool staff to discuss progress with the student's health care provider, including a Psychologist/Psychiatrist for issues related to emotional or mental health.

Once these steps are completed, placement determination is made by the principal of Kenosha eSchool Program. All placements decisions by the Kenosha eSchool Program principal are final. If placement is granted, the Following will occur:

- The student will be multiple school enrolled into Kenosha eSchool, with primary placement remaining at the student's KUSD boundary or full time school of record.
- Attendance will include a medical leave designation (MED) at Kenosha eSchool during the enrollment
- After one semester in the program, a review of student progress will be made, and a new medical verification form must be filled out. Students who are not in compliance with the therapeutic service outlined in the plan will be dropped from the program and will return to their boundary area school.

Explanation of forms:

MEDVI Referral Form: Form completed by counselor, administrator, or parent. (Student is typically referred to the program by school staff.)

MEDVI Program Communication Agreement: Form completed by parent/guardian contains Student and parent contact information.

MEDVI Release of Information Form: Form completed by parent/guardian to approve communication between school and physician or therapist.

MEDVI Physician Verification Form: Top part of the form can be filled out by the parent. The bottom part of the form will be filled out by physician or therapist.

The Medically Necessary Virtual Instruction (MEDVI) Agreement Form

The Medically Necessary Virtual Instruction Program (MEDVI) provides instruction for KUSD students who are unable to attend school for at least one marking period (or more than 14 consecutive school days) in a face-to-face school environment due to a medically documented physical injury, medical condition, or severe emotional problem. The program is designed to provide support for core academic courses on a **short-term basis**. MEDVI is only offered in middle and secondary grades, and enrollment is always subject to the availability of courses.

The following steps are required to qualify for enrollment in the eSchool MEDVI program:

- A referral and/or contact between a student's parent or guardian and boundary school or eSchool Program counselor.
- A review of the student's academic records.
- Forms to be completed and turned in to the eSchool Program Counselor:
 1. **Physician Verification Referral for eSchool Medical Virtual Instruction Program** which may include Doctor for physical ailments or a psychologist/psychiatrist for mental health ailments. This form must include a plan for therapeutic services and an estimate of the length of time services will be required. The referring psychologist/psychiatrist/doctor must provide ongoing care during the time of enrollment at Kenosha eSchool. Families pursuing MEDVI status for mental health concerns must have the consent of a registered professional specializing in mental health care.
 2. **Release of Information Form** giving permission to appropriate eSchool staff to discuss progress and updates with the student's referring health care provider.
 3. **Communication Agreement Form.**
 4. Signed **Medically Necessary Virtual Instruction Agreement Form.**
- If the student is new to Kenosha eSchool Program, the parent/guardian must create a new eSchool Program student account. This can be done on the eSchool Program website at <https://www.kusd.edu/eschool/>. Under the "Enrollment" tab, and then Click on "Register" tab.

Once these steps are completed, placement determination is made by the principal of Kenosha eSchool Program. All placement decisions by the Kenosha eSchool Program principal are final. If placement is granted, the following will occur:

- The student will be multiple-school enrolled (MSE) into Kenosha eSchool Program, with primary placement remaining at the student's KUSD boundary school.
- Attendance will include a medical leave designation (MED) at Kenosha eSchool Program during the enrollment.

At the end of each term, students in the MEDVI program are reviewed to evaluate their academic progress in their eSchool Program courses and the current status of their medical treatment plan. If a MEDVI student is not successful in earning credits and/or not continuing with the physician or therapist treatment plan, he or she will be removed from the MEDVI program and will need to return to their boundary school at the semester or designated term.

Demographic information

Student Name _____ Date _____

ID No. _____ Birth Date _____ Age _____ Grade _____

School attended previously _____ Last Day Attended _____

Counselor _____

Please check if your child has one of the following: Special Education 504 Plan Other Health Impairment

Parent/Guardian Name: _____

Address _____

Home Phone _____ Cell Phone _____

Parent Signature

Date



MEDVI Program Communication Agreement

Student Name: _____

Communication

In our online environment, communication is a critical piece to a students' success with the eSchool Program. In the MEDVI program, it is understood that there are special circumstances that have led your child to qualify for this program. We want to be sure we are supporting your child and respect what they need at this time. Our typical protocol for teachers to communicate with parents and students is by phone, e-mail, and text. Updates and progress reports are sent by the teachers either weekly or bi-weekly to keep the parent and student informed of their progress and to discuss any concerns. Please provide the most current contact information for you and your child.

Student's Contact Information

- Phone number: _____
- E-mail Address: _____
- Best time to call: _____

Parent's Contact Information

- Phone number: _____
- E-mail Address: _____
- Best time to call: _____

Discussion Based Assignments

In addition to the weekly or bi-weekly progress reports, there are "discussion based assignments" in most of our eSchool Program courses. This assignment/assessment entails the teacher and student having a conversation either by phone or face to face to discuss a topic related to that respective course. *Please discuss the best way your child can meet this requirement with each individual teacher.*

Course Load and Deadlines

MEDVI students are allowed to receive a modified schedule. In addition, they may be eligible for course extensions, except during Quarter 4. NO extensions are allowed after June 13th, 2024. Extensions can not extend an additional 9 weeks beyond the original end date. **Although this flexibility is an option, please note that a minimum of six earned credits per year is needed in order for your child to stay on track to graduate with their cohort year.** (This means taking 3 to 4 courses per quarter with eSchool.)

**Please note below if there are any special circumstances or requests you have in regards to communication between eSchool Program and you or your child:*

Parent Signature

Date

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

Name: _____ Grade: _____ DOB: _____ Date: _____

INSTRUCTIONS FOR PARENT/GUARDIAN: Complete one or both of the Authorization Statements below, place checkmarks by the information that may be disclosed and sign the authorization. In order to allow the exchange of information between the Kenosha Unified School District No. 1 and the identified individual/entity, please check both of the Authorization Statements.

AUTHORIZATION STATEMENTS:

X I, the undersigned, hereby authorize the Kenosha Unified School District No. 1 to disclose by any means (including written, oral or electronic means) the information indicated below regarding the student to:

Doctor or Therapist Name:	Phone:
Agency or Office Name:	e-mail:
Address:	Fax:

X I, the undersigned, hereby authorize, **Dr.** _____ (insert name of individual, organization, or agency) to disclose by any means (including written, oral or electronic means) the information indicated below to the Kenosha Unified School District No. 1.

Please correspond/communicate this information with **Kim Gorman (eSchool Counselor) at 262-359-7764 or kgorman@kUSD.edu.**

INFORMATION TO BE DISCLOSED

Education Information/Records

- Progress Records
- Behavioral Records
- Pupil Physical Health Records
- Psychological Records
- Special Education Records
- Outside Agency Records

Health Information/Records

Patient Health Information
All records from list doctor

Disclose All Health Records:

- Yes
- Disclose **only** records checked

- Mental Health Records
- Developmental Disabilities
- Alcohol/Drug Abuse Records
- Health Records

PURPOSE OF DISCLOSURE: The information is requested for the purpose of educational programming and service, medical evaluation and treatment, health assessment and planning, or other (specify, such as “at request of the individual”)

As requested by Kenosha eSchool to qualify for the Medically Necessary Virtual Instructional Program (MEDVI)

ACKNOWLEDGMENTS: Receive Records & Authorization – I understand that I have a right to a copy of the records that are disclosed and a right to a copy of this authorization. **Withdrawal of Authorization** – I understand that I have the right to revoke this authorization, except to the extent that disclosure has already been made in reliance on this authorization. I understand that my revocation is effective only if it is in writing and it is submitted to the individual/entity that is releasing information. **Re-Disclosure of Health Information** – I understand that if my child’s health information is released pursuant to this authorization, it may be subject to re-disclosure by a person who receives the health information and may not be protected by federal law. **Voluntary Authorization** – I understand that a health care provider may not condition health care treatment, payment or eligibility for health plan benefits of whether or not I sign this authorization.

This permission is valid for one year from the date signed. A copy of this form is as effective as the original. I certify that I am the parent, legal guardian, personal representative of the above named student, or that I am the student and of majority age, and have authority to sign this release.

Signature Date

Print Name Relationship to Student (parent, guardian, personal representative)

The Kenosha Unified School District No. 1 is an Equal Opportunity Educator/Employer with established policies prohibiting discrimination on the basis of age, race, creed, religion, color, sex, national origin, disability or handicap, sexual orientation, or political affiliation in any educational program, activity, or employment in the District. The Superintendent of Schools/designee (262-359-6320) addresses questions regarding student discrimination, and the Executive Director of Human Resources (262-359-6333) answers questions concerning staff discrimination.



**2024-2025 School Year
Kenosha Unified School District
Kenosha eSchool Medically Necessary
Virtual Instruction Program (MEDVI)**

Physician and/or Licensed Therapist Verification Form

The Medically Necessary Virtual Instruction Program (MEDVI) provides instruction for KUSD students who are unable to attend their school for at least one marking period (or more than 14 consecutive school days) in a face-to-face school environment due to a medically documented physical injury, medical condition, or severe mental health concern. This program is designed to provide on-line educational support in the core academic courses while the student is undergoing treatment or therapy on an on-going basis. Their academic progress and the terms noted by the physician or licensed therapist determines the students' continuation in this program at the semester. MEDVI is only offered at the middle and high school levels. Enrollment is always subject to the availability of courses.

In order for a student to qualify for the MEDVI program, a physician or licensed therapist must refer and verify that their patient is unable to attend their current school for more extended period of time. The completed form can be faxed to 262-359-2169 or e-mailed to Kim Gorman at kgorman@kUSD.edu. Please call our office at 262-359-7715 if you have any additional questions.

Student Name (Last, First, MI) D.O.B. Grade

Parent(s)//Guardian(s) Name Address: Street, City, State, and Zip Code

Physician and/or Licensed Therapist Referral

Physician's Name _____ Area of Specialty: _____

1. Diagnosis and Description of Condition:

2. Anticipated length of treatment: _____

3. Specify/describe the treatment plan for the student:

4. Do you recommend the patient/student to attend Kenosha eSchool's **on-line** program because he/she is unable to attend his/her regular **in-person** school program? YES NO
If yes, please list the restrictions that may interfere with the student's **in-person** educational program.
Please note that modifications may be available for the student in the regular in-person school setting.

5. This student will be hospitalized Yes No If yes, anticipated length of time: _____

Physicians Signature Date

Clinic/Office Name & Address Phone Number