**STUDENTS WITH HIGH HEALTH NEEDS**

**REGIONAL HEALTH SCHOOLS**

**GUIDELINES AND PROTOCOLS**

**Ministry of Education**

*Revised: 2014*

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# THE GUIDELINES

These guidelines will provide a framework that will assist Regional Health Schools (RHS) to develop nationally consistent policies and practices.

The guidelines will be amended and updated from time to time.

It should be regarded as a working document.

Distribution will be by email.

**Distribution list:**

Principals RHS (principals will decide how and when the information will be passed on to staff)

BOT Chairpersons RHS

Ministry of Education Group Special Education regional and District Managers

Ministry of Education Sector Enablement and Support:

* Senior Advisors
* Education, Curriculum and Performance
* District and Regional Special Education Managers
* Special Education Policy and Strategy, Service Delivery

Te Aho O Te Kura Pounamu – The Correspondence School (Te Kura)

# PURPOSE

Special Education policy is an integrated package designed to meet the needs of students with special education needs. The Regional Health Schools initiative was planned to enhance services for students with high health needs or a high level of medical impairment through the establishment of three Regional Hospital/Health Schools.

Regional Health Schools (RHS) are responsible for ensuring that students with high health needs receive equitable education provision (resourcing) irrespective of where the health services are delivered or the geographical location of students.

RHS are required to comply with the four components of the National Education guidelines as defined by section 60A of the Education Act 1989. They are responsible for ensuring the delivery of a balanced curriculum of teaching and learning programmes which incorporate the New Zealand Curriculum as expressed in the National Curriculum Statements to students with high health needs who are admitted to their roll.

RHS are responsible for planning and managing the delivery of the education programme in collaboration with regular schools, health professionals, Te Kura, where appropriate, and the student’s parent/caregiver.

The majority of students, because of their health condition, are likely to follow an adapted programme which is likely to be less than a fulltime course during the period they are receiving services from RHS. Schools will set priorities for students through the IEP process. The revised National Education Guidelines 1999 should guide schools in decisions about adapting the curriculum to meet the needs of students with high health needs.

# LOCATION

The three Regional Health Schools (RHS) are located in Auckland, Wellington and Christchurch. At the time of establishment this mirrored the location of the tertiary hospital provisions for children.

Each RHS is responsible for educational services to students with high health needs in a particular region of the country.

The schools are managed from a school centre in the city in which the school is located but most teachers will work from locations in areas where RHS are situated.

**Regional Health Schools and District Health Boards Areas**

**Northern Regional Health Schools**

***Northland District Health Board***

Private Bag 9742

WHANGAREI 0148

***Waitemata District Health Board***

Private Bag 93503

Takapuna

AUCKLAND 0740

***Auckland District Health Board***

PO Box 92189

Auckland Mail Centre

AUCKLAND 1142

***Counties Manakau District Health Board***

Middlemore Hospital

Private Bag 93311

AUCKLAND 1640

***Waikato District Health Board***

PO Box 934

HAMILTON 3240

***Bay of Plenty District Health Board***

Private Bag 12024

TAURANGA 3143

***Lakes District Health Board***

Private Bag 3023

ROTURUA 3046

***Tairawhiti District Health Board***

Private Bag 7001

GISBORNE 4040

***Taranaki District Health Board***

Private Bag 2016

NEW PLYMOUTH 4342

***Taranaki District Health Board***

Private Bag 2016

NEW PLYMOUTH 4342

**Central Regional Health Schools**

***Wanganui District Health Board***

Private Bag 3003

WANGANUI 4540

***Hawke’s Bay District Health Board***

Private Bag 9014

HASTINGS 4156

***Wairarapa District Health Board***

PO Box 96

MASTERTON 5810

***MidCentral District Health Board***

PO Box 2056

PALMERSTON NORTH 4414

***Capital & Coast District Health Board***

Private Bag 7902

WELLINGTON 6242

***Hutt Valley District Health Board***

Private Bag 31907

LOWER HUTT 5010

***Wairarapa District Health Board***

PO Box 96

MASTERTON 5810

**Southern Regional Health Schools**

***Nelson Marlborough District Health Board***

Private Bag 18

NELSON 7011

***West Coast District Health Board***

PO Box 387

GREYMOUTH 7840

***Canterbury District Health Board***

PO Box 1600

CHRISTCHURCH 8140

***South Canterbury District Health Board***

Private Bag 911

TIMARU 7940

***Southern District Health Board***

Private Bag 1921

DUNEDIN 9054

# GOVERNANCE AND MANAGEMENT

**November 2008**

A Board of Trustees whose composition is determined by the Minister of Education by notice in the Gazette governs each Regional Health School (RHS).

The management of each RHS is the responsibility of the Principal.

## Ministerial Appointments to Boards of Trustees

***General Information***

There are some schools where given the changing nature and special characteristics of the student population an elected board is not appropriate. The names of these schools are published in the *Schedule to the Hospital Schools Board of Trustees Notice in the New Zealand Gazette.* These schools are special institutions under section 92 of the Education Act 1989 and are governed by Boards of Trustees whose composition is determined by the Minister of Education by notice in the Gazette.

The *Constitution of the Board of Trustees for Hospital Schools*, as *published in the 3 July 2003 edition of the New Zealand Gazette*, provides for:

* the Principal of the school;
* one staff member elected by and from the staff of the school;
* up to five members appointed by the Minister of Education as the Minister considers appropriate; and
* up to four members co-opted by the Board.

In considering appointments to the board, the Minister of Education takes in to account as far as is reasonably practicable:

* the character of the community served by the institutions administered by the Board,
* the availability of expertise and experience in management within the membership of the board.

Regional Health Schools do not have an easily identifiable parent community. For this reason it was decided that members will be appointed to the boards by the Minister of Education.

The term of office of the members is up to three years. The appointment of Ministerial appointees is required to be reviewed and renewed every three years in line with the triennial elections of Boards of Trustees.

At the end of the board’s term of office the Minister will again appoint members to the board. Members of the existing board are eligible for reappointment if willing to be considered.

This process is used to find candidates for appointment at the time of the triennial Board of Trustees elections and for any casual vacancies that may occur during the term of the Board.

***Process***

Candidates for appointment to RHS Boards are sought by advertising in the press and by canvassing parent organisations with an interest in the education of students with high health needs.

The Minister will be provided with information about all who seek appointment. Please note that under the Privacy Act 1993 this information will not be used for any other purpose.

The Minister will appoint those s/he considers would as members provide the range of experience and skills required to govern a RHS and write to successful candidates.

All candidates will be notified about the results once decisions have been made by the Minister. The successful members will meet and select a chairperson.

From that stage the Board functions with the same powers and responsibilities as an elected board.

***Process for Selecting Applicants to be Recommended for Ministerial Appointment to RHS Boards of Trustees***

Advertise in national and provincial newspapers covering each school region for expressions of interest.

Provide information package containing:

* background – a short paper setting out key information about Regional “Health Schools;
* “*An Introduction To School Trusteeship*” – a booklet published by the New Zealand School Trustees Association which describes in general the role and responsibilities of a school trustee;
* The New Zealand Education Guidelines. Other useful references regarding New Zealand schools can be accessed on the Ministry of Education website address: [www.minedu.govt.nz](file:///C:\Users\GraceC\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\SF4V493T\www.minedu.govt.nz) ;
* “Ministerial Appointments to Boards of Trustees” – information about the process of ministerial appointment to boards of trustees;
* CV form Min/BOT; and
* Details of the closing date for applications to be received.

Applications are registered (précis CV and full CV required), acknowledge receipt of applications.

NZSTA meets with the MOE Project Manager to rank candidates – draft overview criteria sheet available for confirmation. NZSTA and the MOE Project Manager recommend 5 candidates to be appointed by Minister and shortlists a further 3 as back up.

MOE drafts education report to the Minister along with letters of appointment and letters of thanks to previous Board members who have not been re-appointed for the Minister’s signature.

MOE return s CV’s with letter of non appointment to unsuccessful candidates.

# TERMS AND HOLIDAYS

Dates for school terms and holidays are published annually in the New Zealand Education Gazette Tukutuku Korero and are also published on the ministry’s website at:

[http:/www.minedu.govt.nz/theMinistry/EducationInNewZealand/SchoolTermsAnd holidays.aspx](http://www.minedu.govt.nz/theMinistry/EducationInNewZealand/SchoolTermsAnd%20holidays.aspx)

Special schools with only primary students generally follow primary term and holiday dates. Special schools with only secondary students or that have both primary and secondary students, generally follow the secondary/composite school term and holiday dates.

RHS follow the secondary/composite school term and holiday dates.

# REGIONAL HEALTH SCHOOL

## Admission and Enrolment Requirements

The Principals of Regional Hospital Health Schools (RHS) will **admit** to their service, students who meet the criteria for admission as specified below entering the student’s details into the schools’ Admission and Withdrawal Register.

**Terminology**

Admitted Students who remain on the roll of a regular school

Section 9 Students for whom RHS are the regular school. These students are not on the roll of a regular school. These students all have Section 9 agreements in place.

Regular school The school at which a student is enrolled

**Background**

On 10 August 1998 Cabinet agreed to establish three hospital schools whose core role is as an educational service provider for students who are in hospital for periods longer than 2 weeks, irrespective of where the health services are delivered or the geographical location of the students. In addition, the schools are also responsible for the provision of:

* services to students who are chronically ill and who cannot attend their regular school for sustained periods;
* services to students who have a psychiatric illness and are resident in a health-funded institution;
* services to students who need some transition support into their regular school, after a lengthy absence due to medical intervention. (CAB ((98) M 28/9 refers)

**Criteria for Eligibility**

Students whose high health needs have been identified by a registered medical practitioner specialising in the condition which is preventing the student attending school in a regular school setting and are participating in either:

* an active treatment programme for their medical condition: or
* a health funded mental health programme.[[1]](#footnote-1) [[2]](#footnote-2)

In addition students will meet one of the following criteria:

**Criteria One**

Students who have a serious medical or mental health condition and/or are hospitalised and/or recuperating/ rehabilitating for a period expected to exceed 10 school days. This criterion will include students whose length of absence from school cannot be determined by the medical specialist but is likely to exceed 10 school days and students who need support to return to school after hospitalisation and/or recuperation/rehabilitation

**Criteria Two**

Students whose presenting health conditions and previous schooling history and information available to the teacher indicate there will be:

1. 6 or more re-admissions annually
2. School absences which exceed in total 40 school days in any one school year. Some of these students may need support to return to school after hospitalisation and/or recuperation/rehabilitation[[3]](#footnote-3)

**Compassionate Admission**

At the discretion of the RHS Principal, siblings of a student who meets admission criteria may receive services during the time the student who meets the admission criteria is hospitalised. This will require the agreement of the local school at which the sibling is enrolled and the hospital team involved with the family or whanau.

**Home Schooled Students**

At the request of the parent, home schooled students who meet criteria 1 or 2 may receive services from RHS during the time they are in hospital.

**RHS and the Regular School**

Most students who are *admitted* to a RHS remain o the roll of their regular schools. Circular 2007/17 states that Schools may include the following students on their roll return for resourcing purposes:

* students who, for **medical or domestic reasons**, are absent on the count date, but only it the students who have returned to school before the form is to be returned to the Ministry, or the school has;
* a medical certificate from a registered medical practitioner, or
* a letter from a parent/guardian justifying the student’s absence from the school.

Such statements must confirm the temporary nature of the absence and expectation that the student will be returning to the school for tuition within a specified timeframe.

* Students with high health needs who have been admitted to the roll of a **regional health school**, provided that the school has a letter from the regional health school that confirms the student’s admission to their roll.

The RHS must contact the regular school at time of students **admission** to ensure that regular school has documented the student’s absence appropriately and has retained the student on the roll of the regular school. As noted above, the school must be provided with a letter from the regional health school which confirms the student’s admission to the regional health school’s roll.

**Students Without a Regular School**

Only those students who are not on the roll of any other school including Te Kura may be **enrolled** with RHS. For students who are not on the roll of another school to enrol with a RHS it is necessary for a Section 9 Agreement to be completed.

**Students Without a Regular School**

The form “Agreement for Special Education Under Section 9 of the Education Act 1989” must be signed by the student’s parent/caregiver, the RHS Principal and the Manager National Operations on behalf of the Secretary for Education before a student can be enrolled with a RHS.

Before a student with a Section 9 agreement is withdrawn from the roll of a RHS the form “Discontinuation of Special Education Section 9 Enrolment” must be completed and sent to the Ministry of Education Office.

Copies of the required forms are available from Ministry of Education Offices or [hhtp://www.minedu.govt.nz/NZEducation/EducationPolicies/SpecialEducation/PublicationsAndResources/FormsAnd Guidelines/Section9AgreementAndDiscontinuationForms.aspx.](hhtp://www.minedu.govt.nz/NZEducation/EducationPolicies/SpecialEducation/PublicationsAndResources/FormsAnd%20Guidelines/Section9AgreementAndDiscontinuationForms.aspx.) These forms may be photocopied. Please note there are two sides to each form.

# RHS ADMISSION AND WITHDRAWAL POLICIES

Each RHS is responsible for ensuring that there is a clear record of decisions of the admission/enrolment process for each student.

Students may be re-admitted when circumstances (i.e. student meets the criteria) justify a further placement with a RHS.

# ATTENDANCE REGISTER RECORDING REQUIREMENTS

## Notes for Teachers at Regional Health Schools

*Circular 1997/24* details the official requirements

Teachers in all schools are required to keep attendance registers. The register is an official legal document. Attendance for all students admitted to the RHS must be recorded. Every teacher who is instructing students must keep an attendance register. It is not an optional record. Each teacher must maintain his/her own register using the approved manual, paper form which is E19/1. Schools must obtain approval from the local Ministry office for the use of an alternative register such as a computerised attendance system. Principals must ensure that every teacher has an attendance register and a copy of these requirements.

The Attendance Register is a record of the student’s attendance and is not for any other purpose. The register is used to record a student’s attendance only. It must not be used to record teacher notes. It does not replace the teacher daily diary or workbook, and must not be used to record other information. Each entry made in the register must remain a permanent record of the student’s attendance on that day; therefore, twink and pencil must not be used. If a mistake is made, a line must be drawn through it so that the original entry can still be read.

*Only those students who are enrolled/admitted to the hospital school are entered on the register.*

The Attendance register must record:

* Students first and family name – each student must be entered by his/her full name and never by first name only;
* Age as a 1 Jan of year;
* Time since first entering school as at 1 Jan of the current uear;
* Year classification – each student’s year level must be entered in the classification column on the register.
* Attendance

Teachers code attendance according to where the student is resident:

* red cross for students who are in patients
* blue cross for community students.

Teachers are not required to mark absences

Remarks – The Remarks column must be used to record:

* Date of admission to teacher’s roll
* Dates and details of transfers between hospitals, between individual teachers and between hospital teachers and community teachers, or regular schools. Record the hospital/CES/RHS service, whichever clearly identifies where the student has gone;
* Date of withdrawl from RHS;

Note a further sheet of paper can be attached to the register to enable remarks to be recorded. If this is done it is important that the new sheet be numbered to match the numbers on the attendance register so that remarks relating to a particular student can be followed.

*No other marks should be used on the register. It is not acceptable to use symbols to show how the contact was made - phone, email, video or visit.*

Students must be withdrawn from the teacher’s attendance register when they transfer to another teacher in the same RHS. The date of transfer and the hospital/CES/RHS service to which the student is transferring should be recorded in the remarks column.

Students must be withdrawn from the teacher’s attendance register when then transition to regular school is complete. The date of withdrawal is recorded in the remarks column. The date of transfer to regular school should match the date on the student’s IEP.

Dates of all information in teacher’s attendance registers must match dates recorded on the RHS Admission and Withdrawal Register and central database.

The register must be marked according to the guidelines issued on 26 January 2001. Specifically, these state that students will be marked as attending for a full day, if for all or part of the school day they participate in the learning programme as set out in their individual education plan (IEP). This may result in teachers having to mark the register retrospectively as they confirm that the student has, in fact, been working on material as set out in the IEP.

Students will be marked as attending for a full day, if for all or part of the school day they participate in the learning programme as set out in their IEP. Teachers should enter the student on their attendance register on the date of admission to RHS. Note this may not be the same day as admission to hospital.

Teachers will check on a regular basis that work has been completed – there should be a product – the checking will be a combination of first hand and phone/fax/email contact – the method of contact for checking must not be recorded in the attendance register but in the teachers work record/diary/workplan.

Examples of attendance and work produced monitoring checks in the teachers work record/diary/workplan might be:

|  |
| --- |
| **Example 1** |
| Student convalescing at home |
| All curriculum from TCS |
| IEP planned by RHS |
| Student has a study outline drawn up by the RHS teacher to follow |
| 22/9/00 phone call work posted to TCS 21/9/00 completed on 12/9 13/9 15/9 16/9 20/9 21/9 |
| On 22/9 the teacher would mark the student present blue cross because he is working at home. On 12/9 13/9 15/9 16/9 20/9 21/9 leaving 14/9 and 19/9 blank as no work was done on those days – the student was having treatment which results in inertia on both days. Note that the register is marked retrospectively on the day the check is carried out |
|  |
|  |
| **Example 2** |
| Student long term in hospital |
| IEP and curriculum overview planned on a termly basis in place |
| Teacher participate in a teaching and learning programme face to face with the student |
| 22/9 handwriting ssmaple objective for week completed noted on curriculum overview |
| Student marked present in red (she is in hospital) for 22/9 |

|  |
| --- |
| **Example 3** |
| Student at home |
| IEP in place – curriculum provided by RHS |
| Work outlined in student’s weekly diary provided by RHS teacher |
| 22/9 Maths Draw some of your own 3, 4, 5, 6 and 8 sided shapes |
| Teacher visited on 23/9 viewed the work noted in teacher diary |
| Student marked present in blue (she is at home) on 23/9 retrospectively after work had been seen. |

The correct terms to be used for the Attendance Register Remarks columns are:

Admission to the roll of the teacher

Transfer to another teacher within the same school

Withdrawal when the student is withdrawn from the roll of a RHS and reactivates their enrolment with a regular school or is admitted to another RHS

Section 9 students only are enrolled and discontinued.

**Professional Development Days**

On days when professional development for RHS staff is undertaken the school can choose **one** of the following options:

1. The school is closed on the days that teachers are undertaking professional development and attendance register marked accordingly.
2. The school can remain open for instruction on the days that teachers are undertaking professional development. Students must have reasonable access to a teacher so that the continuity of an individual education or learning programme (IEP/ILP) is maintained. A reasonable number of relief teachers will be employers to ensure this occurs.

If a school chooses *Option 2* it will berequired to complete a schedule detailing the dates of all professional development days held during the year, the names of all relief teachers employed, and relevant Staff Usage and Expenditure Reports (SUE Reports) confirming the information provided in the schedule. A schedule will be sent to each school along with the audit visit letter and will enable the resourcing auditor to verify that the above requirements have been met.

# INDIVIDUAL EDUCATION PROGRAMME PLANNING (IEP) REQUIREMENTS

The Principal of each RHS is responsible for ensuring that each student admitted to the school has an education plan (IEP). Such plan (IEP)s must be started within 10 school days of admission and be completed within 20 school days of admission.

Each plan (IEP) must identify:

* curriculum objectives for the student, programme of study and level of achievement within the New Zealand Curriculum Framework.
* any modifications to curriculum delivery required by the child’s health (including mental health condition)
* responsibility for delivery of each identified aspect of the curriculum between the RHS, the student’s regular school and Te Kura (where appropriate)[[4]](#footnote-4).

And specify:

* an expected date for transition back to the regular school (for most Criteria 1 students it should be possible for a date to be set at the time the IEP is developed so that transition is completed within 15 weeks).
* A date by which the IEP must be reviewed in collaboration with the key participants. (The review date must be realistic with the first review planned 15 weeks from the time of admission or the time of predicted transition to the regular school, whichever is sooner).

RHS should also work with the regular school to obtain data regarding students’ achievement levels and to involve regular school in development of IEP and transition back to regular school planning.

Students must be withdrawn from the roll of RHS on the date specified on the student’s plan (IEP) for transfer back to the regular school. No student may be on the roll of RHS unless there is a current education plan (IEP in place.

IEP’s will be viewed by roll auditors to verify each RHS roll. The purpose of checking the rolls of RHS schools if for both audit and future planning purposes.

# THE PRIVACY ACT 1993 AND REGIONAL HEALTH SCHOOLS

**February 2000**

Information from health professionals will need to be available for hospital teachers, and hospital teachers will need to inform parents about student’s progress etc.

Under the Privacy Act 1993 (the Act) principles, education information and health information is able to be disclosed to, and by, hospital teachers in the circumstance set out in the Act. Disclosure is governed by Section 6 of the Act, particularly *Principle 11 – limits on the disclosure of personal information.*

This principle allows for disclosure where:

* *Principle 11 (a)* the disclosure is directly related to reasons for collection – hence teachers can and should inform parents of the educational progress of the student.
* *Principle 11 (c)* the disclosure is authorised by the individual concerned – on admission to the hospital school the parent and/or student can authorise health officers to disclose the information necessary for educational progress to hospital school teachers.

The Privacy Act 1993 should not cause difficulties in these situations. It does not hinder the transfer of information where that information has been collected for a lawful purpose, where the individual concerned knows what the information will be used for, and where the disclosure of the information is directly related to that purpose, or where the disclosure has been authorised by the individual.

Any protocol should set out the relevant privacy principles and state that health and education professionals will ensure that these principles will govern their operations.   
*3 February 2000*

The transfer of information between regional health schools and between a regular school and a regional health school.

Information can be transferred without parental consent in accordance with the principles of the Act because of the exceptions in Privacy Principles 10 *(limits on the use of personal information)* and 11. These exceptions allow an agency to use or disclose personal information if;

* the information is to be used or disclosed for the purpose for which it was obtained, or
* the information is to be used or disclosed for a directly related purpose, or
* if the use or disclosure of the information is authorised by the individual concerned.

Presuming the personal information at issue relates to the educational and behavioural development of the student, PAT tests, behavioural observations, and other related educational information, this information is collected by the school/teacher to assist in the student’s educational achievement. If this information is transferred in accordance with this purpose, then the referral situation outlined above would apply and it would not be necessary to obtain the individual’s authorisation.

It is good practice for parents to be informed of the transfer of their child’s information and for a school to ensure when a school or a teacher is collecting information about a student, at enrolment or during a student’s time at school, the parents are informed about the uses to which this information may be out.

The principles of the Act do not apply to the transfer of information between schools and outside health professionals. This is because the collection of information by these agencies is for a different purpose. Therefore the “purpose” exceptions do not apply and parental/student authorisation will be required.

*25 August 1999*

# ADMISSION/ENROLMENT OF FOREIGN STUDENTS BY REGIONAL HEALTH SCHOOLS

Regional Health Schools were originally established as special schools under section 98 of the Education Act 1964.

Under the provisions of 1989 Act, no one can be enrolled at a special school unless they have a Section 9 agreement.

Section 4(1)(b) of the Education Act 1989, discusses the enrolment of foreign students in special education. This means that because foreign students are able to enrol in special education institutions like RHS, they can be the subject of Section 9 agreements where the special education institution is a special school.

Foreign students who meet the criteria for enrolment can get Section 9 agreements and can be enrolled at a RHS. Foreign students who in theory meet the criteria for admission but who do not have Section 9 Agreements cannot be enrolled.

Section 4(8) of the Act sets out that foreign students have to pay fees unless the Principal agrees that they can receive tuition for no more than 28 consecutive days without paying fees (refer section 4(8)(b)). These students can attend for up to 28 days if the Principal consents by being admitted (subject to resourcing capability) in the same way as some other categories of students, e.g. siblings and home schooled students. Like siblings and home schooled students; foreign students who are admitted to the roll of a RHS without a Section 9 agreement do not attract government funded staffing or operational funding.

1. A health funded mental health programme is a programme that caters for a group of children or young people and is based on an active treatment programme plan with multidisciplinary intervention and regular review. A health funded mental health programme is distinct from a mental health treatment regime provided by an individual practioner or service which is focussed on one child or young person and does not have a plan, multidisciplinary intervention or regular review.

   Students with a diagnosed mental health condition who are in an active treatment programme for their condition; and who meet the criteria for admission are eligible for admission/enrolment with RHS. [This is a similar provision to students with a diagnosed medical condition who are in an active treatment programme for that condition.] It is expected that these students will attend regular school during times of wellness and be admitted to RHS during times of unwellness. This refers to students with a diagnosed mental health condition, not to students with a psycho social condition. The latter students should be referred to MOE. If a RHS Principal is in doubt about a student’s eligibility s/he should consult with the Regional MOE Student Support Manager. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. 3. For all students who have not been in hospital a medical certificate must be obtained before they are admitted to the roll of the RHS. The medical certificate should state the student’s name, date of birth, date of certificate, general nature of the condition and treatment regime, the impact the condition has on the student’s ability to attend school and/or any restrictions in attending/returning to school, the time the student is likely to be unable to attend school and the medical practitioner’s contact details. [↑](#footnote-ref-3)
4. Te Kura programmes are provided to students admitted to RHS in only two circumstances:

   Usually assistance from Te Kura is made available when the RHS and the regular school between them cannot provide the entire programme a student requires. This may be due to circumstances such as the student’s distance from the regular school or lack of specialist teacher availability. In these circumstances Te Kura completes the student’s programme by providing those parts of the programme the RHS/regular school cannot provide. This is not a full teaching and learning programme from Te Kura. Each student must have an education plan (IEP which indentifies curriculum objectives for the student, the programme of study and level of achievement across the seven essential learning areas of the New Zealand Curriculum Framework, any modifications to curriculum delivery required by the student’s health condition and responsibility for delivery of each identified aspect of the curriculum between the RHS, the student’s regular school and Te Kura).

   In a few cases Te Kura provides the full teaching and learning programme for enrolled RHS students who do not attend a regular school because of their fragile health circumstances. These students are required to have a Section 9 agreement in place. These students also require an IEP. The role of the RHS for these students is to provide programme management for these students including management of the IEP, qualifications entries within the required timeframe, meeting course requirements, work return monitoring and non return of work follow-up. [↑](#footnote-ref-4)