



**Warren County Public Schools  
Department of Pupil Services  
465 West 15th Street, Suite 500  
540-635-5422**

## **Homeschool Information and Application**

**Randa Vernazza, Director of Pupil Services**

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**540-635-5422**



Homebound instruction is designed to provide continuity of educational services between the classroom and the home for students whose medical needs prevent regular daily school attendance for more than two weeks based upon certification by a licensed physician, physician assistant, nurse practitioner, or clinical psychologist. Homebound instruction is approved for a maximum of nine consecutive weeks.

Homebound services follow the regular school calendar. Accordingly, the homebound teacher and the parent will collaborate to establish a schedule that occurs after school hours on days when school is in session. Elementary school students may receive up to five hours of instruction per week, and secondary students may receive up to eight hours per week.

Homebound instruction is temporary and is not intended to replace in-person instruction or services. If it is necessary for homebound instruction to continue beyond nine weeks, an extension form re-authorizing the medical need will be required. The extension must include recommendations to transition the student back to the school setting. A transition meeting will be scheduled by the school to review these recommendations and to develop a plan for the student's return following the end of homebound.

For students receiving services through a 504 Plan or an Individual Education Plan (IEP), a 504 or IEP meeting should be scheduled to discuss any needed accommodations. If you would like to discuss the potential for homebound services, please contact the Pupil Services Department at 540-635-5422.

To obtain homebound services, a parent or guardian must complete the Medical Homebound Instruction Request Form (Appendix A), which must be signed by a licensed physician, physician assistant, nurse practitioner, or clinical psychologist. The completed form should then be returned to the student's school. Once the school verifies the form is complete, it will be forwarded to the Office of Pupil Services for final approval.

## Medical Homebound Instruction Request Form

I. To be completed by a licensed physician, physician assistant, nurse practitioner, or clinical psychologist  
When illnesses occur that would prevent normal educational progress for a period of time, the Virginia Department of Education requires homebound instruction be made available to students. Inability to attend school must be certified by a licensed physician, physician assistant, nurse practitioner, or clinical psychologist who is treating a condition that falls within his/her experience and training.

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Nature and extent of illness: \_\_\_\_\_

Reason why homebound instruction is necessary: \_\_\_\_\_

Beginning date of homebound instruction: \_\_\_\_\_

Ending date (not to exceed nine weeks): \_\_\_\_\_

\_\_\_\_\_  
Signature of physician, physician assistant, nurse practitioner, or clinical psychologist      Date

### II. To be completed by the parent or guardian

I acknowledge this request and agree with the need for homebound services. I understand that homebound services for students receiving special education services shall be subject to review by the student's IEP team and parental consent must be obtained to amend the IEP prior to initiation of homebound services. I further understand that students receiving homebound instruction may not participate in school-related activities as long as homebound instruction services are provided. I also understand that consistent attendance and active participation in all scheduled homebound instructional sessions are essential to support academic progress, and excessive absences or cancellations may result in a review of services. Lastly, I understand that I am responsible for providing an environment conducive to learning and ensuring that a responsible adult is at home for the duration of instruction.

By my signature, I authorize the release and exchange of medical information between the health care provider and school division personnel. My signature provides the health care provider with the authorization necessary to provide health information for which homebound instructional services are being requested.

\_\_\_\_\_  
(Signature of Parent/Guardian)      (Date)

### III. To be completed by an administrator or school counselor

- Date Received \_\_\_\_\_
- Homebound Dates Do Not Exceed Nine Weeks
- School Approved and Sent to Pupil Services

\_\_\_\_\_  
(Signature of Administrator or Counselor)      (Date)

### IV. To be completed by Pupil Services

- Date Approved \_\_\_\_\_
- Date of School Notification \_\_\_\_\_
- Date of Parent Notification \_\_\_\_\_

## Medical Homebound Instruction **Extension** Form

V. To be completed by a licensed physician, physician assistant, nurse practitioner, or clinical psychologist

This form is required only when homebound instruction is necessary to continue beyond nine weeks. Completion of this form re-authorizes the medical need for continued homebound instruction and must include clear recommendations for transitioning the student back to the school setting.

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Medical reason necessitating continued homebound instruction beyond nine weeks: \_\_\_\_\_

Beginning date of extended homebound instruction: \_\_\_\_\_

Ending date (not to exceed nine weeks): \_\_\_\_\_

Recommendations for transitioning the student back to school following the end of homebound: \_\_\_\_\_

\_\_\_\_\_  
Signature of physician, physician assistant, nurse practitioner, or clinical psychologist

\_\_\_\_\_  
Date

VI. To be completed by the parent or guardian

I acknowledge this request and agree with the need for homebound services. I understand that homebound services for students receiving special education services shall be subject to review by the student's IEP team and parental consent must be obtained to amend the IEP prior to initiation of homebound services. I further understand that students receiving homebound instruction may not participate in school-related activities as long as homebound instruction services are provided. I also understand that consistent attendance and active participation in all scheduled homebound instructional sessions are essential to support academic progress, and excessive absences or cancellations may result in a review of services. Lastly, I understand that I am responsible for providing an environment conducive to learning and ensuring that a responsible adult is at home for the duration of instruction.

By my signature, I authorize the release and exchange of medical information between the health care provider and school division personnel. My signature provides the health care provider with the authorization necessary to provide health information for which homebound instructional services are being requested.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

VII. To be completed by a school counselor or administrator

Date Received \_\_\_\_\_

Homebound Dates Do Not Exceed Nine Weeks

School Approved and Sent to Pupil Services

\_\_\_\_\_  
(Signature of Administrator or Counselor)

\_\_\_\_\_  
(Date)

VIII. To be completed by Pupil Services

Date Approved \_\_\_\_\_

Date of School Notification \_\_\_\_\_

Date of Parent Notification \_\_\_\_\_