



## Parent Request for Homebound Instruction

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_  
Student Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**\*Acknowledgement/Release:** I acknowledge this request and agree with the need for homebound services. I further acknowledge that the requested homebound services for students receiving special education services shall be subject to review by the student's IEP team pursuant to the Individuals with Disabilities Education Act.

\*I will provide an environment conducive to learning, ensure that a responsible adult is in the home for the duration of instruction, or provide transportation to another agreed-upon facility. I will keep appointments with educators assigned to my child or contact the teacher or student's home school if an appointment must be missed. I agree that homebound students may not work outside the home during the homebound placement. I acknowledge that I will monitor my student and to ensure that work is completed. Failure to engage with content and classroom instruction will result in the student being counted absent for the week and could result in a summons to appear before the truancy court.

\*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(s) with the authorization necessary to disclose protected health information and records regarding said student as it pertains to the condition for which homebound instruction services are being requested. This authorization may be withdrawn at any time in writing.

**\*Please note:** This form, along with the additional sections listed below, must be fully completed for the student to be considered for homebound services:

- **Medical Certification of Need** (completed by a physician or licensed clinical psychologist)
- **School Information Form** (Completed by School Staff)

Return this form and the completed and signed Medical Certification of Need to the administrator or school attendance secretary at your child's school.

Additional questions about completing this form should be directed to the Student Services office: 731-989-5134, ext. 1020. **Final approval is determined by the Supervisor of Student Services or the Director of Special Education.**

\_\_\_\_\_  
Signature of Parent/Guardian or Adult Student

\_\_\_\_\_  
DATE

**\*Please note:** If it is necessary for homebound instruction to continue beyond 30-School Days, an extension or reauthorization must be requested by submitting a new application form that includes:

- Treatment plan
- Progress towards treatment goals
- Specific plans to transition the student back to the school setting



**Homebound Instruction  
Medical Certification of Need**

Homebound instruction shall be made available to students who are confined at home or in a healthcare facility for periods that would prevent normal school attendance. This means the student is unable to participate in the normal day-to-day activities typically expected during school attendance; and, absences from home are infrequent, for periods of relatively short duration, or to receive health care treatment. ***Students receiving homebound instruction may not work or participate in extracurricular activities, non-academic activities (such as field trips), or community activities unless these activities are specifically outlined in the student's medical plan of care.***

**To be completed by a licensed physician or a licensed clinical psychologist providing care to the student for the condition for which services are requested.**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name of School: \_\_\_\_\_

Nature and Extent of Illness:

\_\_\_\_\_  
\_\_\_\_\_

List specific conditions of the diagnosis that prohibit the student from attending school:

\_\_\_\_\_  
\_\_\_\_\_

Date of examination or diagnosis of this illness: \_\_\_\_\_

Is the student confined at home or in a healthcare facility?  Yes  No

Is the illness/treatment intermittent in nature?  Yes  No

Could this child attend school if accommodations are made at the school?  Yes  No

If yes, please list the accommodations required. If not, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Explain ongoing treatment and/or therapy being provided and the frequency of the treatment.

\_\_\_\_\_

Date Homebound Instruction should begin: \_\_\_\_\_ Estimated date for return to school: \_\_\_\_\_

Signature of Licensed Physician/Clinical Psychologist/Psychiatrist

Date

Printed Name of Healthcare Provider

Telephone

Office Address

City, State, Zip Code

A statement of medical clearance will be required for students to return to school. If it is necessary for homebound instruction to continue beyond 30 school days, an extension form, including a treatment plan, progress toward goals, and specific plans to transition the student back to the school setting will be required.



**Homebound Instruction  
Medical Certification of Need, Physician Transition Plan**

Homebound instruction is a temporary service for students whose physical or psychological needs prevent normal school attendance. If homebound services extend beyond 30 school days, this form must be completed in its entirety by the initial referring healthcare provider and returned to the homebound coordinator. Homebound will not be extended without this required documentation.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis and conditions that indicate the need for extension of homebound services:

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**Transition Plan:**

Suggestions and/or accommodations needed to transition the student to classroom instruction:

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Physical restrictions for the student:

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Recommended Date for Homebound Extension to Begin: \_\_\_\_\_ Extension End Date: \_\_\_\_\_

Signature of Licensed Physician/ Clinical Psychologist/ Psychiatrist \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Physician Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Type of Practice: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Return the completed form and any documentation to your child's school promptly once completed.***



### School Information Form

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Date Parent Request/Referral Received: \_\_\_\_\_

#### Part I

The school team has reviewed the attached Forms: the Parent Request Form and the Medical Certification of Need for Homebound Services and recommends that:

- 1.) The student should receive the homebound services as requested.
- 2.) The student should receive homebound services. A 504 plan should be considered before the student's return.
- 3.) After consultation with the referring healthcare provider, \_\_\_\_\_, Homebound services are not appropriate in this case.

#### Part II

##### Courses/Classes for which the student needs Homebound Instruction

Course	Teacher	Current Numerical Grade

<b>School Contact for Homebound Student and Parent</b> Name: _____ Contact Information: _____ Date Submitted to CCBOE Office: _____ Preparer: _____	<b>Attached Copies</b> <input type="checkbox"/> Parent Request Form <input type="checkbox"/> Medical Certification Form <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan
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*Shane Connor, Chairman  
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Henderson, TN 38340*

*Becky Hutcherson  
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Henderson, TN 38340*

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# Chester County Board of Education

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August 1, 2024

Dear local healthcare provider,

Most everyone would agree that a student's health greatly influences their ability to learn. We thank you for the expert care and treatment that you provide to so many of our district's students. In the schools, we view our local network of physicians and mental health specialists as partners in our efforts to help students find success in their K-12 experience.

In the spirit of this attitude, we provide you with a brief overview of the homebound practices for our school division. We hope that it will prove to be a useful reference as you consider treatment recommendations for students in Chester County Public Schools.

Thank you for your time and attention. We appreciate our shared effort in ensuring that we engage, encourage, and empower every student in Chester County.

Sincerely yours,

Dr. Steven L. Marise



## Homebound Instruction

Homebound instruction is instruction meant for students who have been diagnosed by a medical physician, psychiatrist, or clinical psychologist as being emotionally, physically, or medically unable to attend public school. Homebound instruction is intended to be for temporary use only. It is NOT a substitute for school attendance. Services can only be approved for a 30-school-day period.

Homebound Instruction IS:	Homebound Instruction IS NOT:
<ul style="list-style-type: none"> <li>• Designed so that the student does not fall significantly behind during the period of confinement</li> <li>• Interactive; the student is expected to participate in the instructional process and complete assignments</li> <li>• Expected to include homework</li> <li>• Intended to make every effort to ensure academic progress</li> <li>• Intended to provide priority to core academic subjects</li> </ul>	<ul style="list-style-type: none"> <li>• Intended to supplant school services</li> <li>• Expected to have all work completed in the presence of the homebound teacher</li> <li>• A substitute for course credit that must be earned according to class requirements</li> <li>• A guarantee that specialty classes (i.e., requiring labs, special facilities or equipment) will be comparable.</li> <li>• Automatically inclusive of elective courses</li> <li>• A guarantee of on-time graduation; all diploma requirements must be met for graduation</li> </ul>

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Students can continue their education regardless of medical condition.</li> <li>• Educational settings can accommodate a variety of settings and conditions.</li> <li>• Students receive one-on-one instruction for a limited time by a certified teacher.</li> </ul>	<ul style="list-style-type: none"> <li>• Does not offer required elective courses needed to graduate.</li> <li>• May delay graduation or hinder graduation schedule.</li> <li>• Does not include specialty courses, meaning a grade may not be awarded for the course.</li> </ul>

How can Health Care Providers be Supportive?
<ul style="list-style-type: none"> <li>• Collaborate with school personnel regarding the recommendation</li> <li>• Provide information to the school regarding the illness by thoroughly answering all questions on the certification of need</li> <li>• Specify any conditions that prohibit the student from attending school</li> <li>• Provide evidence that the student is engaged in therapy and attends sessions if an extension of services is recommended</li> <li>• Provide a treatment plan that includes steps for returning the student to the school setting</li> </ul>

*One on one time is limited. Certified educators are used when possible. Students may be paired with a paraprofessional at times to assist with completing work.*



## Reminders and Checklists

This form must be completed in full with a start and end date. If the form is not completed in full, the request will not be processed and the student will continue to accumulate unexcused absences.

Homebound form should be completed and submitted to the school principal for approval first. All homebound requests must begin at the school level.

If approved the form should be submitted to the Student Services Supervisor for final approval or denial.

Classroom educators who currently have a homebound student on their roll will provide distance learning services.

**Students who do not participate in weekly assignments and communicate with school staff will be counted absent from instruction for the week they did not complete assignments or communicate with the course instructor.**

### 4 Reasons for Homebound:

The list is not exhaustive

- Physically unable to attend school
- Emotionally unable to attend school
- Pregnancy complications/had baby
- 30-day emergency IEP placements (IEP Team Decision)

### Reminders

- Accommodations within the school building should be considered before homebound
- Homebound is 2 weeks up to 30 school days (a new form is required each additional 30 days if more homebound is needed)
- Homebound students are not allowed to play sports or work outside the home

### Parent Checklist

- |   |             |
|---|-------------|
| <input type="checkbox"/> Contacted the school regarding a request for homebound services. | Date: _____ |
| <input type="checkbox"/> Picked up Homebound Form from School or Board Office.            | Date: _____ |
| <input type="checkbox"/> Met with a physician to complete Homebound Request Form.         | Date: _____ |
| <input type="checkbox"/> Returned packet with all required documents to the school.       | Date: _____ |

### School Checklist

- |   |             |
|---|-------------|
| <input type="checkbox"/> Met with parent and provided Homebound Packet.     | Date: _____ |
| <input type="checkbox"/> Met with the school team to determine eligibility. | Date: _____ |
| <input type="checkbox"/> School Form Completed                              | Date: _____ |
| <input type="checkbox"/> Sent completed packet to BOE.                      | Date: _____ |

Send the completed packet to the Chester County Board of Education Office of Student Services.  
Once a decision is made the school will be notified and, if approved, can begin working with the family to provide homebound services.

# Chester County Board of Education

Monitoring: <b>Review: Annually, in November</b>	Descriptor Term: <b>Homebound Instruction</b>	Descriptor Code: <b>4.206</b>	Issued Date: <b>08/19/21</b>
		Rescinds: <b>4.206</b>	Issued: <b>05/20/21</b>

1 The homebound instruction program is for students who because of a medical condition are unable to  
2 attend the regular instructional program.<sup>1</sup> The homebound instruction program shall consist of up to  
3 twelve (12) hours of instruction per week for a period of time determined, on a case-by-case basis, by the  
4 district.

5 To qualify for this program, a student shall have a medical condition that will require the student to be  
6 absent for a minimum of ten (10) consecutive instructional days, or for an aggregate of at least ten (10)  
7 instructional days for a student who has a chronic medical condition. The student shall be certified by a  
8 physician as having a medical condition that prevents him/her from attending the regular instructional  
9 program. The services provided to the homebound student shall reflect the student's capabilities and be  
10 determined by the appropriate professional staff of the student's assigned school.

11 Recertification shall be obtained after the expiration of each thirty (30) day period of homebound  
12 instruction if the student's physician certifies, in writing, that the student has a medical condition that  
13 prevents him/her from returning to the regular instructional program.

## 14 **COVID-19 QUARANTINE<sup>2</sup>**

15 Students on homebound instruction who are temporarily quarantined due to a positive COVID-19 test  
16 result or possible exposure to COVID-19 may participate in remote instruction during the period of  
17 quarantine only.

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### Legal References

1. TCA 49-10-1101; TRR/MS 0520-01-02-.10
2. TRR/MS 0520-01-13-.01(d)(1)

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### Cross References

Alternative Credit Options 4.209  
Virtual Education Program 4.212  
Student Communicable Diseases 6.403  
Acquired Immune Deficiency Syndrome 6.404