

## Medical Homebound Procedures

Medical homebound instruction is provided for students with and without disabilities who cannot attend school for a medical reason – a mental or physical condition that exists due to an accident, an illness, or pregnancy – even when transportation is furnished. The goal of homebound instruction is to provide continuity of instruction and to facilitate the student’s return to a regular school setting as quickly as possible. State Board of Education Regulation 43-241 outlines the provision of medical homebound services. The following process must be followed when a student requires homebound instruction.

**Definition:** Homebound instruction provides the services of a certified teacher to those students whose *medical needs* (either physical or psychiatric) preclude regular school attendance for an extended period of time. Homebound services are temporary with the understanding that the most comprehensive instruction is received in a regular school setting.

### Eligibility:

- To be eligible for homebound services, a student must currently be enrolled in a Dorchester Four School (i.e. active in PowerSchool), be at least five (5) years of age and less than 21 years of age by September 1 of the current school year (unless determined eligible as a Developmentally Delayed under the criteria set forth in SC Board of Education Regulation 43-243.1).
- A licensed physician must certify that the student is unable to attend school for a medical reason -- a mental or physical condition that exists due to an accident, an illness, or pregnancy -- even with accommodations and when transportation is furnished, but may profit from instruction given in the home or hospital.
- Upon request, the building administrator at the student’s school will provide the parent with a Medical Homebound Instruction Form. The parent must provide the Medical Homebound Instruction Form to the student’s physician for completion in its entirety and submit it to the Building Administrator or return the form to the Director of Student Services at the District Office.

**Approval:** The Superintendent of Dorchester Four Schools must approve the student’s eligibility for homebound services. This is done through a designee, the Director of Student Services – referred to in these procedures as the DO Authorizer.

- For students with disabilities, this authorization process is done in collaboration with the IEP Team and the DO Authorizer **after** the IEP/Staffing meeting.  
Upon receipt of a completed Homebound Form, the school official receiving the form must immediately notify the Department of Exceptional Children. The appropriate school psychologist will schedule an IEP/Staffing meeting to discuss the student’s medical needs and their impact on the student’s present levels of academic/functional performance (See **Determining Services** below). (NOTE: The IEP/Staffing Team is not automatically obligated to change a student’s

placement to medical homebound upon receipt of a physician's statement. Therefore, the Director of Exceptional Children must consult with the DO Authorizer regarding questions prior to scheduling and convening an IEP/Staffing meeting).

Following the IEP/Staffing meeting when a student's placement has been changed to medical homebound, the school psychologist will enter the service request into the PowerSchool Change form and send to the PowerSchool clerk as well as enter into the Enrich Change form.

- Once the *MEDICAL HOMEBOUND INSTRUCTION AUTHORIZATION FORM* for homebound services has been approved by the DO Authorizer, the student is eligible for services as of the date of the physician's signature and in consideration of the student's 1<sup>st</sup> day of non-attendance.
- The DO Authorizer is not obligated to automatically approve any medical homebound request.
  - ❖ If questions arise regarding a submitted request, the DO Authorizer or Director of Exceptional Children may request a second opinion and/or contact the physician to supply additional documentation in order to determine if medical homebound instruction is appropriate and/or determine possible accommodations or modifications to allow the student to continue in the regular school program. Additionally, if a mental health diagnosis indicates that long-term medical homebound instruction will be necessary, the DO Authorizer will advise the parent to make arrangements for a licensed mental health professional to develop a treatment plan and strategy for reentry into the school setting. (NOTE: The SC Department of Education encourages districts to discuss with physicians the accommodations and modifications that can be made to keep students in the least restrictive environment (e.g., classes at school)).
  - ❖ If a parent's request for medical homebound services is denied by the DO Authorizer, the parent may submit a written request for an appeal of the decision to the DO Authorizer. This written request for an appeal will be reviewed by the District Review Team (see **District Review Team** below).
  - ❖ If concerns arise regarding a submitted request and/or the validity of the request, a building administrator will submit a written request for review by the DO Authorizer who will respond in writing. If these concerns continue following a written response from the DO Authorizer, a building administrator may also submit a written request for review by the District Review Team (see **District Review Team** below).

**Determining Services:** The District will determine appropriate services on an individual basis for all medically homebound students, regardless of grade level. This determination will not be based upon funding, personnel shortages, administrative convenience or school policies that limit instructional time. Upon receipt of a *completed* Homebound Instruction Form, the type and amount of instructional services will be determined as follows:

- For students with disabilities, an IEP/Staffing meeting must be scheduled through the school psychologist and/or Director (see **Approval** above). At that time, the IEP must be reviewed/revised to reflect the student's medical needs and the services that will be needed during the student's medical homebound placement. The IEP/Staffing Team must ensure that students are given an opportunity to access and progress in the general curriculum, to advance toward the individual goals in their IEPs, and to earn Carnegie units (if applicable).

- The process for developing the student's IEP must be followed as outlined in the District's *Special Education Binder* and corresponding webinars.
  - When a student with a disability is projected to receive intermittent medical homebound services during the year, the IEP team is **required** to conduct a meeting to review and revise the IEP to reflect a description of the planned medical homebound services. The IEP team should consider an "if . . . then" description of services when a pattern of intermittent absences exists due to an illness or disability. If the planned medical homebound services should change for the student (e.g., the semester ends and new courses begin), the IEP team is **required** to call a meeting to review and revise the IEP and describe the updated medical homebound services.
  - The process for conducting the IEP/Staffing meeting must be followed as outlined in the District's procedures entitled "*IEP/Staffing Meeting Summary*."
  - The process for documenting the review of the medical information and the student's change of placement must be followed as outlined in the District's procedures.
  - When a student with a disability is able to return to school following a medical homebound placement, an IEP/Staffing meeting must be convened to review/revise the student's present levels of performance, special education/related services and placement needs. All procedures referenced above must be followed during this IEP/Staffing meeting.

**Providing Instructional and Related Services:** Personnel selected as instructors/related service providers for students receiving medical homebound services are responsible for scheduling and delivering the services specified in the homebound request (Determination of Instructional Services), and the IEP.

- The instructor/related service provider will contact:
  - ❖ the parent to establish a mutual schedule and location for the services to be provided; and,
  - ❖ the student's teacher(s) of record at the school to obtain all appropriate instructional materials and/or course/subject requirements.
- Once a schedule is established, the instructor/related service provider will provide the services as scheduled in a location that is conducive to learning. The location may be the student's home or a hospital; however, an alternate location may be chosen if necessary.
  - ❖ If instruction is to be provided in the home, the area must be suitable for instruction (e.g., is quiet and free of distractions; has good lighting, a desk or table; and, is internet accessible). Additionally, adult supervision must be provided by the family to ensure that a safe and healthy environment exists during the instructional session.
  - ❖ If a student will take classes that require a lab and/or the use of school equipment, the classroom segment of the instruction could possibly be done at home, while the student would have to make up the lab portion of the class after he or she returns to school. Schools are encouraged to explore a variety of instruction methods to supplement the instruction provided by the homebound instructor.
  - ❖ Depending upon the student's medical condition and length of expected homebound instruction, the instructor/related service provider will maintain on-going communication and collaboration with the teacher(s) of record regarding all of the student's assignments, projects, tests and grades.

- ❖ If the instructor/related service provider was not previously notified by the parent of the need to reschedule the session and a student is absent from the session as scheduled on the Homebound Instruction Form, the instructor/related service provider will wait for 15 minutes at the scheduled location prior to leaving. This must be documented. The instructor/related service provider will leave a note for the parent documenting the missed session. The instructor/related service provider will immediately document the student's absence for this session as "unexcused" and give this information to attendance for documentation as well. The instructor/related service provider will be paid for one (1) hour of service.
- Once a parent's signature is obtained on the Service Log, the instructor/related service provider will submit the original, signed Service Log to the Department of Exceptional Children (DEC) Director.
- Medical homebound instruction is an extension of regular school and all classroom rules and regulations, as well as school district policies, apply. The student must be available for all scheduled instructional sessions, complete all homework assignments, remain courteous, comply with teacher requests, use appropriate language, and dedicate instructional time to instruction only.
  - ❖ If, at any time, an instructor has a concern regarding student conduct and/or the learning environment, a written statement of concern will be submitted to the Director of Exceptional Children.
  - ❖ If, at any time, a parent has a concern regarding the provision of homebound instruction, a contact should be made with the DEC Director.

**Monitoring the Provision of Instructional and Related Services:** The DEC Director is responsible for monitoring the provision of the services and/or absences.

- If five (5) unexcused absences are documented by the instructor/related service provider, the DEC Director will automatically notify the School Attendance Personnel that an Attendance Intervention Plan (AIP) is required.
  - ❖ For a student with a disability, an IEP/Staffing meeting may also need to be held if the student's absences are significantly hindering the District's ability to provide the services specified in the student's IEP.
- If a parent requests that a student return to school before the assigned medical homebound period has ended, the DO Authorizer may require a written physician's release before allowing the student to return. A physician's release is not necessary if the date of return matches the date on the medical homebound instruction form.
- The total amount of medical homebound instructional services/time allotted must be provided.
  - ❖ If the regular school year ends and all services/time have not been provided, the benefit of state funding will not be available; however, services will continue until completed.
  - ❖ The DO Authorizer will collaborate with the school prior to the end of the school year, and obtain a plan for completion of services for each student whose services have not been completed in their entirety.
  - ❖ If the student returns to school prior to the completion of all services/time, services will continue until completed; however, services may not be provided during the regular school day.

**Verifying Instructional Services for all Homebound Requests** – The DEC Director will obtain all signed Service Logs from the instructor/related service provider and will verify that the services have been performed for payroll and accountability purposes.

- Verifying for *payroll* means that the DEC Director will "approve" the instructor's/related service provider's service logs as eligible for payroll. Without

verification of this, the instructor/related service provider will not be paid. Verifying for *accountability* purposes means that the DEC Director will review the instructional logs to ensure parental signature has been obtained for each instructional session.

- Once this form is provided to the DEC Director, the original signed Service Log will be submitted to the District's payroll clerk for processing. The DEC Director will maintain copies of the Service Logs.

**Accountability for Homebound Services and District Review Team:** In accordance with State Board of Education Regulation 43-241, Dorchester District Four Schools is responsible for providing homebound instruction to eligible students whose medical needs prevent them from attending school. To ensure appropriate and timely services are provided, the District will:

- Establish and maintain a District Review Team to assist in adhering to the appropriate policies, rules and regulations, including the review of homebound requests, the review of parental appeals, and conducting parent satisfaction surveys;
  - ❖ The District Review Team will meet on an as needed basis as determined by the DO Authorizer, but in no case more than five (5) calendar days from receipt of a written statement of concern and/or request for an appeal.
  - ❖ The District Review Team will issue a written notice of its decision regarding the written statement of concern and/or request for an appeal within three (3) school days from the date of the meeting.
- Establish, maintain and continuously monitor the information maintained in each student's file; and,
- Assist schools in the delivery of instructional and related services.



**MEDICAL HOMEBOUND INSTRUCTION AUTHORIZATION FORM**

**Dear Physician:**

**Thank you for your dedication in keeping students in South Carolina healthy and progressing academically and socially in the regular school environment to the extent that is appropriate.** The below named student and his/her parent, legal guardian, or surrogate parent has requested that the school district provide medical homebound instruction due to the student's inability to come to school as a result of an illness, accident, or pregnancy even with the aid of transportation. A district representative may contact you to discuss strategies to maintain the student in the school environment and to request additional information. The district superintendent or his/her designee must approve any student participating in a program for medical homebound instruction or hospitalized instruction. Please fully complete Section II as indicated.

**SECTION I - STUDENT INFORMATION:** (To be completed by school district personnel)

Student's Name:	Date of Birth:	Age:	Grade:
School:	School Year: 20__-20__	Is this student classified as disabled? Yes ___ No ___ Area of Disability _____	
Last Date of Pupil Attendance: ___ / ___ / ___ Number of Absences to Date: _____			
Does the student currently have an Attendance Intervention Plan (AIP)? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**SECTION II - MEDICAL INFORMATION:** (To be completed by a *licensed physician*)

Diagnosis of condition that prevents school attendance: (Attach additional information if needed)

Would this student be able to attend school if accommodations were made? (i.e. rest periods, shortened day, extra time between classes). If so, please explain:

How does this medical condition impact educational performance?

Treatment Plans: (Please include details, i.e.; medication, counseling schedule, etc., concerning your plans for returning the student to school) (Attach additional information if needed)

I certify that the above student cannot attend school because of illness, accident, or pregnancy, even with the aid of transportation but may profit from instruction given in the home or hospital as of this date.

Date: \_\_\_ / \_\_\_ / \_\_\_ Phone # \_\_\_\_\_ Address: \_\_\_\_\_

Projected Return Date \_\_\_ / \_\_\_ / \_\_\_ (Undetermined or Indefinite are not acceptable)

Printed Name: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

**SECTION III - RELEASE:** (To be completed by parent/guardian or by student, if eighteen or older)

I authorize the release of medical, educational, or mental health information to school officials.

\_\_\_\_\_  
 Signature of Parent/Legal Guardian/Surrogate Parent/Student, if eighteen or older

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

**SECTION IV - AUTHORIZATION:** (To be signed and dated by the Building Administrator)

I approve the above request and I am forwarding this request to the District Superintendent or Designee for authorization. I understand that this medical condition may qualify the student as a student with a disability under Section 504 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act and that a referral to these processes will be made, if needed. If the student is already covered under either of these Acts, the student's team will meet to review and/or revise the student's 504 Plan or IEP to address his/her change in educational needs.

Superintendent or Designee: \_\_\_\_\_ Date: \_\_\_\_\_



Dorchester Four School District  
 500 Ridge Street  
 St George, SC 29477  
 Phone (843) 563-4535 Fax (843) 563-9269



Retain this document on file at the school for five (5) years in accordance with procedures set forth in SC Pupil Accounting System Instruction Manual

**DETERMINATION OF INSTRUCTIONAL SERVICES**

The following information must be completed by school personnel, in collaboration with the parent, upon receipt of a completed Medical Homebound Instruction form.

**SECTION I – STUDENT INFORMATION:**

Student's Name:	School:	Date of Birth:	Age:	Gender:	Grade:
Parent/Guardian Name:	Address:		Phone:		

**SECTION II – INSTRUCTIONAL SERVICES:**

A. The student is currently enrolled in the following courses/classes. <b>A copy of the schedule in PowerSchool must be attached.</b>	B. The following courses/classes will be delivered during the medical homebound placement.*	C. Describe the accommodations and/or modifications to be made to the delivery of the courses listed in column B.*

\* For students with disabilities, a copy of the IEP may be attached to fulfill the requirements of Column B and C.

**SECTION III – TYPE AND AMOUNT OF INSTRUCTIONAL SERVICES:**

<input type="checkbox"/> The student requires the provision of <b>regular</b> education services: _____ # of hours/week
<input type="checkbox"/> The student requires the provision of <b>special</b> education services: _____ # of hours/week <b>(must match Services on the IEP)**</b>

\*\*For students with disabilities, a copy of the IEP must be attached to evidence the type and amount of special education and related services to be provided.

\_\_\_\_\_  
Principal/Designee Signature

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

\_\_\_\_\_  
Parent/Guardian/Student (if age 18 or older) Signature

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

cc: Parent  
Homebound Instructor

**Signed original remains at the DO/Copy remains at DEC & School**



**PARENT EXPECTATIONS FOR MEDICAL HOMEBOUND SERVICES**

**I STUDENT INFORMATION (Please Print) (To be completed by the school)**

Student's Name:	Date of Birth:	Age:	Gender:	Grade:
School:	School Year: 20__-20__	Is this student classified as disabled? Yes___No___Area of Disability_____		

**I PARENT/GUARDIAN EXPECTATIONS: Please read carefully and complete with signature and date.**

- I understand that eligibility is based on SC State Board of Education Regulation 43-241 and that the physician's statement is one (1) part of the information used to determine eligibility.
- I understand that my child must be enrolled in Dorchester Four Schools prior to consideration for medical homebound services.
- I understand that Dorchester Four Schools' medical homebound personnel may contact the licensed physician to obtain information needed to determine if my child will be eligible for medical homebound services and/or if accommodations/modifications can be made to allow the student to attend school.
- I understand that medical homebound services are for students who **cannot attend school** due to a mental or physical condition due to an accident, an illness, or complications from pregnancy.
- I understand that if the school/district receives information that indicates a change in circumstances/eligibility during the term of my child's medical homebound placement (i.e. the student is employed, the student is no longer medically confined to the home, etc.) that a review of my child's medical homebound eligibility may be conducted by an IEP Team or District Review Team and that my child may be subject to dismissal from medical homebound services to return to school.
- I understand long term requests are subject to a forty-five (45) day renewal and/or review by the District Review Team or IEP Team.
- I understand that internet access may be necessary at the location selected for homebound services to be delivered.
- I understand that all schedules and appointments must be met and, unless previous arrangements have been made with the instructor, that failure to adhere to the schedule/appointment may result in an unexcused absence for my child.
- I understand that if my child is found eligible for medical homebound services, s/he is subject to the same **mandatory attendance requirements** as other Dorchester Four Schools' students.



I have read and agree to comply with the homebound policies and procedures and understand the reasons for possible dismissal from the program. Additionally, I understand that failure to adhere to these expectations may result in the student's dismissal from homebound services.

\_\_\_\_\_  
 Parent/Guardian/Student if age 18 or older Signature

\_\_\_\_\_  
 Print Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date

cc: Parent

**Signed original remains at the DO/Copy remains at DEC & School**





**EXPECTATIONS FOR MEDICAL HOMEBOUND SERVICE PROVIDERS**

**I STUDENT INFORMATION: (Please Print)**

Student's Name:	Date of Birth:	Age:	Gender:	Grade:
School:	School Year: 20__-20__	Is this student classified as disabled? Yes____No____Area of Disability_____		

**I TEACHER/RELATED SERVICE PROVIDER EXPECTATIONS: Please read carefully and complete with signature and date.**

Personnel selected as instructors or related service providers for students receiving medical homebound services are expected to comply with all district policies, rules and regulations. In addition, homebound instructors are responsible for completing the following duties:

- Scheduling, delivering and documenting services in collaboration with the school, parent and student;
- Contacting the parent to establish and document a mutually agreed upon schedule for services to be provided;
- Instructing the student on the scheduled date and time;
- Consulting with the student's teacher(s) of record to obtain all appropriate instructional materials and course/subject requirements;
- Maintaining ongoing communication and collaboration with the teacher(s) of record regarding all the student's assignments, projects, tests and grades;
- Entering all services information, including student absences, into Enrich per District procedures
- Notifying the DEC Director if services are unable to be provided as documented;
- Securing parental signatures for all services provided; and
- Submitting service logs and travel within the required timeframe to the DEC Director for verification and processing.

**I LOCATION AND SCHEDULE OF SERVICES:**

I have collaborated with the parent and we have scheduled services according to the following schedule. I understand this schedule will be followed unless other arrangements have been made by and between the parent and me.	
Days: M T W Th F S Su	Times:
Location:	



**I have read the expectations set forth above, I have received a copy of the Determination of Instructional Services for this student, I have scheduled services in collaboration with the parent, and I understand my responsibilities as assigned.**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

cc: Finance Director  
 Senior Accountant  
 Payroll

**Signed original remains at the DO/Copy remains at DEC & School**