

Request for Homebound Instruction

Cumberland County Schools implements Rules of The Tennessee Department of Education The State Board of Education: 0520-01-02-.10 HOMEBOUND INSTRUCTION.

Purpose of Homebound Instruction:

The purpose of homebound instruction is to provide educational services in the home to students with temporary illness or injuries to help students maintain their academic performance during recovery.

Eligibility for Homebound Instruction:

To be considered for homebound instruction, a complete request packet must be submitted. A complete request packet includes parent form (A); medical providers document (B or C); and signed release of medical information (HIPAA/FERPA) (C). This allows the homebound team to communicate with healthcare providers regarding your child's ability to participate in school and accommodations that your child may need. Students are unable to attend school for a period greater than 10 days may be eligible for homebound instruction.

Home instruction is not authorized by the doctor, but the Cumberland County School System as recommended by the homebound review team. The doctor's role is to provide pertinent medical information to the Cumberland County School staff so a valid placement may be considered

Placement in Homebound Instruction Program:

Placement in the Homebound instruction program should be viewed as a temporary intervention. All students will be returned to regular school placement as soon as possible were the least restrictive educational experience can be provided.

Delivery of Homebound Instruction:

If a student is eligible for homebound instruction, 3 hours of instruction per week will be provided. Parent/guardian or other responsible adult, 18 years or older, must be present when the homebound teacher is at the home.

Please follow the directions below to submit a request for homebound services.

- 1.) Parent/Guardian completes Parent Documentation for Homebound Services (Form A)
- 2.) Physical Medication Documentation will be faxed to physician, Licensed Clinical Psychologist, Neurologist, or Psychiatrist from Cumberland County schools. The Physical or Psychiatrist will be responsible for faxing the form back to (931) 484-5898
Medical: Treating Licensed Specialist (i.e., MD, Pediatric MD, OB/GYN MD, Orthopedic Surgeon MD, etc.) completes Physical Medical Documentation for Homebound Services (Form B)
OR
Mental Health: Treating Licensed Clinical Psychologist, Neurologist, or Psychiatrist completes Physical Medical Documentation for Homebound Services (Form C)
- 3.) Parent/Guardian completes and signs Authorization for Release of Medical Information (Form D)
- 4.) For questions regarding homebound services call the Homebound Coordinator at (931) 484-3301

Parent Documentation for Homebound Services (Form A)

This entire page is to be completed by parent or guardian.

Cumberland County School District procedures require that a treating Licensed Specialist (i.e., MD, Pediatric MD, OB/GYN MD, Orthopedic Surgeon MD, Licensed Clinical Psychologist, Neurologist, or Psychiatrist, etc.) currently treating the students for the diagnosis preventing school attendance submit form B or C to Cumberland County Schools. Home instruction is not authorized by the doctor, but by the Cumberland County School System. The doctor's role is to provide pertinent medical information to Cumberland County School staff so a valid placement may be considered.

Student Information:

Student Name:		Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Date of Birth:		Address:		
City:		Zip Code:		
Phone #:		Email:		
Parent/Guardian Name:		Is this student hospitalized?	<input type="checkbox"/> Yes	

School Information:

Current School:		Grade:	
Student's last day of attendance:	_ / _ / _	Teacher/Counselor:	
Does your child have an IEP?	<input type="checkbox"/> Yes	Does your child have a 504?	<input type="checkbox"/> Yes

Implementation of Services:

The homebound program is coordinated with the school, but cannot compare to the regular classroom. Teachers meet with the students for three hours per week. The teacher attempts to cover the most important parts of the subject matter and give instructions/explanation as needed. It is essential for the student to meet with the teach at the scheduled time and to complete ALL assignments. A regular program of study and preparation of lessons is required for each student. In addition to the three hours per week of instruction by the teacher, the student WILL BE expected to complete assignment(s) on his or her own time. Assignments MUST BE completed prior to the homebound teacher's next visit. Failure to complete assignments by their due date may result in removal from the homebound program.

Policies and Guidelines:

As the parent or legal guardian of the above named student and by my signature below, I certify that I have read the Homebound Policies and Guidelines, and understand that if I fail to comply, it could result in dismissal from Homebound Instruction.

Parent/Guardian Signature: _____

Relationship: _____

Date: _____

Physical Health Medical Documentation for Homebound Services (Form B)
Homebound placements shall not exceed thirty (30) school days duration.
Medical problems which require homebound placement for more than thirty
(30) school days will require recertification by a physician.

DO NOT USE THIS FORM FOR MENTAL HEALTH CONDITIONS. (USE FORM C)

Student Name:		Date of Birth	___/___/___
<p>Physician: A request for temporary home instruction has been made for the above named student. Cumberland County School procedures requires that a licensed physician, currently treating the student for this condition, file a statement which includes a medical diagnosis, and the extent that the student is unable to attend classes on the school campus. Home instruction is not authorized by the doctor, but by the Cumberland County Schools Homebound Department. The doctor's role is to provide pertinent medical information to Cumberland County School staff so a valid placement may be considered.</p>			
<u>Treating Physician Statement:</u>			
Is the student physically capable of attending classes on his/her school campus, at this time with accommodations to meet his/her physical or other needs?		YES	NO
If yes, please list recommended accommodations:			
Is the patient able to leave the home for reasons other than medical appointments?		YES	NO
If yes, why is the student unable to attend school?			
Diagnosis (with ICD Code):			
What medication(s) is/are the student currently prescribed?			
Is the student's condition contagious?		YES	NO
Limitations, restrictions, or precautions school staff should take when interacting with this student:			
I estimate this student will be on homebound starting (Specific date)		___/___/___	
I estimate this student will be on homebound until (Specific date required)		___/___/___	
I am managing the student's care for this condition.		YES	NO
Physician's Name (MD): (Print			
Physician's Signature (MD):			
Date:			
Medical License #:		Phone #:	
Fax #:		Email:	
Address:			
City:		Zip Code:	

Mental Health Documentation for Homebound Services (Form C). Homebound placements shall not exceed thirty (30) school days duration. Medical problems which require homebound placement for more than thirty (30) school days will require recertification by a physician.

DO NOT USE THIS FORM FOR PHYSICAL/MEDICAL CONDITIONS. (USE FORM B)

Psychiatrist: A request for temporary home instruction has been made for the above named student. Cumberland County School procedures requires that a licensed psychiatrist, currently treating the student for this condition, file a statement which includes a medical diagnosis, and the extent that the student is unable to attend classes on the school campus. Home instruction is not authorized by the psychiarist, but by the Cumberland COunty Schools Homebound Department. The psychiatrist's role is to provide pertinent medical information to Cumberland County School staff so a valid placement may be considered.

Treating Licensed Clinical Psychologist, Neurologist, or Psychiatrist Statement:

Is the student physically capable of attending classes on his/her school campus, at this time with accommodations to meet his/her physical or other needs?	YES	NO
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If yes, please list recommended accommodations:

Is the patient able to leave the home for reasons other than medical appointments?	YES	NO
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If yes, why is the student unable to attend school?

DSM V Diagnosis and ICD/DSM Code:

What medication(s) is/are the student currently prescribed?

Is the student a danger to self or others?	YES	NO
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Explain:

Recommended Plan for Student's Return to School (required for student to be considered for Homebound instruction)
Please attach Therapeutic Plan (as implemented by you or therapist), which outlines the mental health diagnosis, treatment history, current treatment, and a date for returning the child to school.

I am managing the student's care for this condition.	YES	NO
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I understand that I will be contacted by a member of the school district's homebound office.

Treating Licensed Clinical Psychologist, Neurologist, or Psychiatrist Name: (Print)

Treating Licensed Clinical Psychologist, Neurologist, or Psychiatrist Signature:

Date:

Medical License #:	Phone #:
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Fax #:	Email:
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Address:

City:	Zip Code:
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Homebound Policies/Guidelines

The following policies/guidelines are provided to help the student derive the maximum benefit from the Homebound Program. Parent(s)/Guardian(s) are responsible for assisting their child by following the guidelines listed below. Failure to comply with any of the following could result in dismissal from the Homebound Program, in which case the student must return to school and be turned in for truancy.

- 1.) A parent/guardian or another responsible adult, who is authorized by the parent or guardian, **must be present in the home or other location during the entire instructional period.** Homebound instruction will be received at the residence of the parent/guardian who requests the service. In certain situations, the homebound instruction may occur outside the home (i.e., library, central services, etc.) and must be approved by the Coordinator of the Homebound Program.
- 2.) **A quiet, smoke free environment** in which to work is to be provided. The area should be equipped with a table and chairs. The kitchen table is usually a good place to work, but distractions should be kept to a minimum. If the student is bedridden, a definite place near the bed must be arranged for teaching materials.
- 3.) The student is to be prepared for school when the teacher arrives. The student is to have all books from school, supplies, and previous homework completed. The teacher and student are not to be disturbed during the instructional period.
- 4.) **The student's presence at the scheduled time is mandatory.** The Homebound program adheres to Board Policy on attendance. Absences, both excused and unexcused, will be reported to the Attendance Department. Unexcused absences will result in zeros. All excused absences require a doctor's note. Please do not schedule doctor appointments at the time the homebound teacher is scheduled. If there is an emergency and the student cannot be present for their homebound visit, the student or parent/guardian is to notify the homebound teacher prior to a scheduled visit. If you are unable to reach the homebound teacher, call (931) 484-3301.
- 5.) If a pregnant student is placed on homebound due to complications, a Homebound Medical Form must be submitted to verify the need for homebound services. If the Medical Form is not obtained, the student is expected to return to school.
- 6.) The homebound program is coordinated with the school, but cannot compare to the regular classroom. Teachers meet with the students for three hours per week. The teacher attempts to cover the most important parts of the subject matter and give instructions/explanation as needed. It is essential for the student to meet with the teacher at the scheduled time and to complete ALL assignments. A regular program of study and preparation of lessons is required for each student. In addition to the three hours per week of instruction by the teacher, **the student WILL BE expected to complete assignment(s) on his or her own time. Assignments MUST BE completed prior to the homebound teacher's next visit. Failure to complete assignments by their due date may result in unexcused absences and/or removal from the homebound program.**
- 7.) All work is evaluated by the classroom teacher. The Homebound Program follows the same grading policy adopted by the Cumberland County Schools. Grades will be assigned by the teacher of record.
- 8.) Most of the academic subjects can be taught at home; however, some subjects such as vocational education require the student to be in the classroom. Also, some advanced math, advanced science, and foreign language course can only be continued at home if special arrangements are made with the classroom teacher, if the student is very capable, and if the placement on homebound is for a short period of time.
- 9.) **Employment for students is prohibited while assigned to homebound. Such employment will result in the student being removed from the Homebound Program.**
- 10.) The doctor recommends homebound services for a student who is unable to attend school due to serious illness or injury. **Therefore, the student placed on homebound should not return to his/her school, or any other Cumberland County Schools, for any reason, including extracurricular activities (i.e., ballgames/sporting events, proms, banquets, dances, etc.) unless approved by the School Principal. No homebound student can visit any Cumberland County School to socialize with their friends. Attendance at such activities without prior consent may result in the student's removal from the Homebound Program.**
- 11.) If a student's condition requires homebound services for a period to exceed thirty (30) days, parent is responsible for submitting recertification form prior to the end of the initial homebound period.

Notification of Policies and Guidelines regarding Homebound Services

Student Information:

Student Name:		Grade:	
Date of Birth:		School:	

This is to verify that I have recieved a copy and understand Cumberland County School Board Policy 4.206, TN State Board of Education 0520-01-02-.10, and Cumberland County Homebound Policies/Guidelines.

Cumberland County School Board Policy 4.206 was read and reviewed.

Homebound Services

The Homebound Instruction Program is for students who, because of a medical condition are unable to attend the regular instructional program. The homebound instruction program shall consist of three (3) hours of instruction per week for a period of time determined, on a case-by-case basis, by the district. To qualify for the Homebound Program, a student shall have a medical condition that will require the student will be absent for a minimum of ten (10) consecutive instructional days or for an aggregate of at least ten (10) instructional days for a student who has a chronic medical condition. The student shall be certified by his/her treating physician as having a medical condition that prevents him/her from attending regular classes. The services provided the homebound student shall reflect the student's capabilities and be determined by the homebound instructor, after consultation with appropriate professional staff of the student's assigned school. Recertification shall be obtained after the expiration of each period of homebound instruction if the student's treating physician certifies, in writing, that the student has a medical condition that prevents him/her from returning to the regular classes.

Homebound Services for Pregnant Students

The homebound instruction program for pregnant students shall consist of a minimum of three (3) hours of instruction per week for a period of six (6) weeks. When provided, such homebound instruction shall consist of two (2) visits per week, each visit lasting for one and one-half (1-1/2) hours. The student's physician shall recommend, in writing, the six-week period for which the student shall be eligible for homebound instruction. A homebound instruction program for longer than the six (6) week period shall only be provided to a student who is certified in writing by her physician as having health complications arising from the pregnancy that prevent her from returning to regular classes.

0520-01-02-.10 HOMEBOUND INSTRUCTION was read and reviewed

Parent/Guardian Signature:

Date:

Homebound Teacher Signature:

Date: