

HOMEBOUND INSTRUCTION
MEDICAL CERTIFICATION OF NEED FOR HOMEBOUND INSTRUCTION

Homebound instruction shall be made available to students who are **confined** at home or in a health care facility for periods that would prevent normal school attendance (§VAC20-131-180). The term “**confined at home or in a health care facility**” 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 extra-curricular activities, non-academic activities (such as field trips), or community activities unless these activities are specifically outlined in the students medical plan of care or the Individualized Education Program (if applicable).

To be completed by the licensed provider treating the student for the condition for which services are requested. Homebound request for students suffering from emotional disorders must be certified by a Psychiatrist or Clinical Psychologist.

1. Name of Student: _____ DOB: _____
2. Name of School: _____ Grade: _____
3. Nature and extent of illness: _____

4. Date of examination or diagnosis of this illness: _____
5. Is the student confined at home or in a health care facility? YES NO
6. Is the illness/treatment intermittent in nature (e.g., sickle cell anemia, chemotherapy for childhood cancer)? YES NO
7. Could this child attend school if accommodations are made by the school? YES NO
 If yes, please list the accommodations required. If no, please explain

8. Estimated date of return to school: _____
9. Explain ongoing treatment and/or therapy being provided: _____

10. Frequency of treatment: _____

Signature of Licensed Physician/Clinical Psychologist _____ Date _____

Print Physician/Psychologist Name _____ Telephone Number _____

Office Address _____ City, State and Zip Code _____

Division Homebound Administrator _____ Date _____

(OVER)

Students may receive instruction in the home, a health care facility, or any other approved facility as agreed upon by the school division and parent or student who has reached the age of majority (eligible student).

If it is necessary for homebound instruction to continue beyond nine weeks, an extension or re-authorization form, including treatment plan, progress towards treatment goals, and specific plans to transition the student back to the school setting, will be required.

To be completed by the parent/guardian or eligible student.

Name of Parent/Guardian or Eligible Student: _____

Home Phone: _____ Work phone: _____ Cell Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

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 the homebound teacher or contact the teacher or homebound coordinator if an appointment must be missed.

I understand that the local school division has established policies and procedures for homebound instruction that provide more detail than this certificate of need.

“By my signature, I authorize the release and exchange of medical information between the health care provider, listed on the reverse side, or his/her designee, 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 instructional services are being requested. This authorization may be withdrawn at any time in writing.”

Please note: This form, including parental permission to contact the treating physician or psychologist, must be **fully** completed in order for the student to be considered for homebound services. If you have questions about completing this form, please contact: **Cathy Gent , 276-889-6505**

Signature of Parent/Guardian or Eligible Student

Date

**PARENT/GUARDIAN AND STUDENT RESPONSIBILITIES FOR
HOMEBOUND INSTRUCTION**

1. The student must be enrolled in Russell County Public Schools and all appropriate fees must be paid. Changes in home address must be reported immediately to the homebound teacher, homebound coordinator, and your child’s school.
2. In the case of Medical Homebound, a *Medical Certification of Need for Homebound Instruction* must be completed and submitted to the Division Homebound Administrator. Should the date of return to school be exceeded and the student will need to continue on homebound, then a new form must be completed and submitted.
3. Arrange with the homebound teacher an appropriate time and place for the teacher to work in the home with the student. There should be an area with a table, chairs, and good lighting available as a work space for the teacher and student. There should be no distractions during instruction. Phone calls interruptions from family members and friends should be limited. The TV, video games, and music should be turned-off. Teachers are NOT permitted to transport students at any time to any location; there are no exceptions.
4. Smoking or strong incense should not be present in the home during instruction due to possible allergic reactions and health issues for teachers.
5. Make sure that an awake adult (18 yrs.) is present in the home at all times during homebound instruction. The adult must be within the same general area in the home where instruction occurs.
6. Structure the student’s day, including adequate sleep, to insure cooperation with the homebound teacher. The student should be ready to work at the scheduled instruction time. Doctor appointments should be scheduled around homebound.
7. No portable electronic devices of any kind are allowed in or around the student area during instruction.
8. Parents must notify the homebound teacher immediately if the student cannot keep an appointment. Excessively missed appointments may result in the student’s termination from homebound services, truancy review, or an inability to earn credits or be promoted.
9. Parent/Guardian must verify and sign the homebound teacher’s monthly timesheet.
10. Report any concerns or problems to Cathy Gent, Division Homebound Administrator, P.O. Box 8, Lebanon, VA 24266, Phone:276-889-6505, email: cgent@russell.k12.va.us
11. Notify the homebound coordinator and teacher immediately when the student is to return to school.

Students receiving homebound instruction may not work or participate in extra-curricular activities, non-academic activities (such as field trips), or community activities.

Note: Not all classes with laboratory emphasis, foreign languages, or electives can be offered through homebound services.

By signing, I agree to support the above mentioned policies that address parent/student conduct, responsibilities, and attendance.

Parent/Guardian (Print)

Parent/Guardian (Signature)

Date

Student (Print)

Student (Signature)

Date

Russell County Public Schools

Dear Parent/Guardian,

This letter is to verify that your child _____, a student Russell County Public Schools will receive Homebound services. The homebound instruction will start _____ and will end _____, based on the Medical Certification.

At the end date the student will be expected to return to school for normal in school instruction.

If the student is not able to return to school at the specified end time, a new Medical Certification must be submitted to the Division Administrator.

If the student does not return to school after the homebound certification has expired they will be counted absent.

The Homebound Instruction will be provided by:

Instructor's Name _____ Phone _____

Email _____

School _____ Phone _____

Russell County Public Schools

Administrative/Discipline Home-based Application

Information for Parents: Administrative/Discipline home-based services are temporary and are designed to provide continuity of education services between the classroom and home settings for students who are identified as being a threat to themselves or to other students due to behavior or to verbal threats, or are disrupting instruction to the detriment of other students. In order to be considered for Administrative/Discipline home-based instruction, a student must be recommended by the school Principal and the parent must sign this application.

Student

Name _____ AGE _____ DOB _____

School _____ Parent/Guardian _____

Address _____ Phone _____

Certification by Principal

I hereby certify that the above student poses a danger to himself/herself or to other students, or is disrupting classroom instruction to the detriment of other students , and should be placed on home-based instruction.

Date of eligibility for Home-based instruction:_____. Date of return to school_____

(Administrative/Discipline Home-based is only available for a maximum of 45 school days).

Principal documentation of reason for Home-based recommendation:_____

Previous Interventions attempted:_____

Signature of Principal _____ Date _____

Parent Acknowledgment

I am aware that home-based instruction is temporary and I agree with the need for home-based instruction. I will provide an environment conducive to learning and I, or another responsible adult, will be present while the instruction is taking place. I will make sure the child keeps all scheduled appointments with the home-based instructor. I understand that failure to do these things may require a hearing before the Russell County Multi-Disciplinary Team if home-based instruction is to continue. I will advise school personnel of changes in my child's status.

Signature of Parent _____ Date _____

Approval for Home-based Instruction

() I hereby approve home-based instruction for this student, and further, certify that the teacher will hold a certificate in full force issued in accordance with the rules and regulations of the State Board of Education.

Signature of Division Administrator _____ Date _____

Signature of Superintendent _____ Date _____