

HOMEBOUND INSTRUCTION

Home or hospital instruction shall be provided:

When a student has an injury, communicable illness, or health condition that has been diagnosed by a licensed physician who specializes in the health condition that may temporarily confine a student to home or hospital for a period that has lasted or will last more than three weeks. The approval/signature must be from a psychiatrist or licensed physician. Physician's assistants, psychologist, therapist, counselors, nurses, or clerical staff are NOT permitted to make recommendations or sign the application. No student shall be granted Homebound Services based on the scheduling of future appointments.

In case of mental or emotional illness, documentation that the student is currently in regular counseling sessions more than once per month is required by a psychiatrist. A treatment plan and timelines developed by the psychiatrist for the return to school must accompany the application. Failure to remit this plan will result in the rejection of homebound services. The Director reserves the right to confer with the acting physician or psychiatrist regarding the treatment plan and progress of the applying student

In accordance with WVDE Policy 2510, the Homebound Application will only be approved for 3 months. It must be resubmitted for a continuance of services. The student will be required to attend school until the full application is resubmitted by the parent or guardian. Time that may lapse between submissions may result in unexcused absences.

The amount of instructional or supportive service provided through the home and hospital program shall be determined in relation to each child's educational needs and his physical and mental health. **The standard expectation shall be for four (4) hours per week. Additional or reductions in this allocation of time shall require approval of the Director of Special Education.**

All homebound students must be enrolled in Monroe County Schools. The county board may require that the parents obtain a second physician's opinion at the expense of the county board. Students receiving homebound services will not be permitted to work. Students receiving homebound services will be require to receive prior approval from the school's principal before attending school functions.

The procedure for obtaining a homebound teacher is as follows:

- 1. Student/Parent provides the information necessary to complete an application form available from the office of Monroe County Director of Special Education Services.**
- 2. Student/Parent takes application form to a doctor for completion of his/her report**
- 3. Application form must be signed by a licensed physician or psychiatrist**
- 4. A complete application form is returned to the Monroe County Director of Special Education Services.**
- 5. If approved, the homebound teacher(s) will be assigned by the Director of Special Education Services.**
- 6. The application and services will only be approved for 3 months and reapplication is the responsibility of the parent**

The parent and homebound instructor will cooperatively establish the scheduling of homebound instruction as follows:

- Instruction may be provided in the student's home (if appropriate)**
- An alternative site agreed upon by the parents and homebound instructor may be used if the student's home is not appropriate**
- In all cases a responsible adult shall be asked to be present during the entire instruction session**
- Failure of the parents to cooperate in scheduling instruction or being available for instruction to be delivered shall be considered absences. County attendance policies shall be followed.**
- Failure of the student and/or parent to actively engage in instruction shall have the instructional session designated as an absence. County attendance policies shall be followed.**

Textbooks/materials for homebound instruction will be provided by Monroe County Schools.

Grades:

The homebound teacher is required to grade all work completed by students and keep a log/portfolio. A grade summary will be provided to the home school for each grading period (or portion of a grading period). This grade may be averaged with other grades for any portion of the grading period completed by the student while

they were still in regular attendance.

Application forms for children desiring homebound instruction may be obtained at the office of the Director of Special Education, Board of Education Office, Union, WV.

This form must be completed by the pupil's physician and returned to the Director of Special Education before a teacher can be assigned to the pupil.

Revised by Board Action: June 5, 2018

Monroe County Schools

PO Box 330

Union, WV 24983

Phone 304-772-3094

Fax 304-772-5020

Application for Homebound Instruction to be completed by Student and Parent.

Student _____ Male _____ Female _____

ID Number _____ Birthday _____ School _____

Last Day Attended _____ Grade _____ Phone number _____

Home Address _____ City, State, Zip _____

Emergency Phone Number _____ Physician Name: _____

Directions to home _____

I received a copy of Homebound Instruction Policy _____. I understand that the student will not be permitted to work and must receive prior approval from the school's principal before attending school functions while receiving homebound instruction.

Signature of Parent or Guardian: _____

For School Administrator

Date Application Returned _____

Approval by Administrator _____ Date _____

Date instruction began _____ Date instruction ended _____

THIS FORM MUST BE UPDATED EVERY THREE MONTHS

Monroe County Schools

Homebound/Hospital Services Statement

To the Physician: The parent/guardian of the child listed below has requested that Monroe County Schools provide their child with homebound services. A pupil's regular attendance in the classroom is crucial to optimum learning. Time lost from the classroom is irretrievable in terms of opportunity for instructional interaction. Homebound services are guided by WV State Board of Education Policy 2510. Section 6.2.4 specifically lists documentation that must be provided and verified by a licensed physician. As the student's treating physician for the homebound services, Monroe County Schools is asking that you certify the student meets all of the criteria set forth in the attached section of the state board of education policy 2510. Please be aware the Monroe County Schools has the right to request and obtain an opinion from a second health care provider.

Student's Name _____ DOB _____

School _____ Grade _____

Physician Name _____

Address _____

Phone Number _____ Fax _____

I grant permission to my child's physician to release all pertinent information to Monroe County Schools concerning certification of homebound services.

Parent/Guardian Signature _____ Date _____

Witness Signature _____ Date _____

To Be Completed by Treating Physician

Student Name _____ DOB _____

Do you certify this student is confined to the home or hospital for a period of at least 3 consecutive weeks or longer? (If at any time the student *is* no longer considered confined to the home or hospital, the homebound services will no longer be valid).

_____ Yes _____ No

If so, your written statement must include specific reasons the student must remain at home or in the hospital. Please list:

Please list the criteria or conditions under which the student can return to school:

Expected date of return: _____

By signing this form you are certifying this student meets **ALL** of the criteria set forth in the WV State BOE Policy 2510 Section 6.2.4.

Physician Signature _____ Date _____