



Homebound Services

ROCKINGHAM COUNTY SCHOOLS

Instructional Support Services

511 HARRINGTON HWY. EDEN, NC

Homebound Instruction Operational Procedures For Regular Education Students

Homebound services refer to temporary instruction outside of the school based educational environment. The primary objective of the Homebound Program is to provide non-disabled students with tutorial/instructional services so that they can return to school with the knowledge and skills sufficient to maintain their previous level of academic performance. Homebound services for non-disabled students and students with a 504 plan are coordinated by the Assistant Superintendent of Instructional Support Services.

Requests for homebound services for students with disabilities should be directed to the Rockingham County Schools Exceptional Children's Program at 336-627-2705.

Program Parameters

Definition: Any child, who is expected to be confined for a minimum of four (4) weeks and no more than eight (8) weeks to home for medical or psychological treatment, or for a period of recuperation, is eligible for this program with the appropriate paperwork completed.

Program Description

The primary objective of the Homebound Program is to provide instructional services so that the student can return to school with the knowledge and skills sufficient to resume her/his previous academic programming.

Homebound Priorities

- Accident Victims
- Surgery
- Extended Illnesses
- Pregnancy

To request homebound instruction, the following forms are required:

1. Regular Education Homebound Services Request Form should be signed by the principal/designee and the **homebound teacher must be indicated on the form.**
2. Medical Document - A medical statement must be ***signed by the appropriate licensed professional medical physician for the specific condition.**

This statement should provide:

- A specific description of the medical condition.
 - The date the confinement begins and the estimated date confinement ends. **The length of a full semester or a full school year will not be considered.**
 - The actual anticipated length of time a student is expected to be unable to attend school will be a minimum of four weeks and a maximum of eight weeks **AND** will not begin unless a student's medically approved confinement is more than fifteen (15) student days.
 - It should include any physical or psychological limitations relevant to the educational plan
3. Parent Consent Form/Physician's Verification Form should be completed and signed
 4. Consent for Release of Confidential Information for the support staff to reach out to the authorizing physician.

All required forms are provided in this manual and available for copy from the Rockingham County Schools website at <http://www.rock.k12.nc.us/Domain/32> under the school counselor's webpage.

School's Responsibilities for Homebound Instruction Program

- A. **School designee** will refer students for homebound instruction using the appropriate homebound forms. Please provide the name and extension of each teacher.**
- B. The school designee will contact each of the student's teachers to let them know they will need to give the homework to the school's homebound designee. This will be the contact person for the homebound teacher when they are ready to pick-up and drop-off homework.
- C. The designee will forward the Homebound Instruction Services Request Form, Release of Confidential Information, and the Homebound Instruction Medical Form to the Administrative Assistant to the Assistant Superintendent of Instructional Support Services for approval.
- D. **A Homebound Teacher or Home School team of teachers will be assigned to work with the student when:**
 - the medical doctor places student on homebound for physical or emotional problems
 - the doctor orders bed rest during a pregnancy
 - the doctor recommends postpartum recovery
- E. **The designee or appropriate teacher will assist the Homebound Teacher by providing:**
 - background information for appropriate continued instruction
 - description of courses being taught (see attached sheet)
 - books and materials to be used by the student and supplying the necessary textbooks and teacher editions or keys
 - weekly assignments for the student.
 - specific times for picking up weekly assignments which should be worked out between the school and Homebound Teacher

***School designee will discuss with parent and student the following:**

1. Students who are receiving homebound instruction should not be engaging in recreational activities or employment that conflicts with the reason(s) for which homebound was approved. The school system reserves the right to deny or revoke homebound for students found to be capable of attending the regular school.
2. Grades given for completed assignments by a certified teacher should be accepted as appropriate indicators of student achievement.

** School designee is typically the school counselor. However, school social workers and school nurses are involved in the process of establishing and verifying the need for homebound services.

Rockingham County Schools
511 Harrington Hwy.
Eden, NC 27288

HB1

Telephone: (336) 627-2688 FAX: (336) 627-6619

Homebound Services for Regular Ed Students
Homebound Checklist

_____ Check for an IEP. If the student has an IEP, contact your EC teacher or the EC Department at Central Office. Do not complete these forms.

_____ The HIPAA Release Form (HB4) must be completed and signed by the parent/guardian which is attached. In the case of pregnancy or surgery, the homebound request should be completed prior to the expected date of absence. Do not send incomplete HIPAA forms; they will be returned to you and this will delay the process.

_____ A signed statement (HB3) by the appropriate physician or licensed mental health professional must be completed when the student, even with reasonable accommodations, cannot attend school either full-time or part-time for at least four weeks. Some homebound students require medical care, a new medical assessment must be completed and turned in each four weeks in order for the student to continue to receive services.

_____ School notifies school nurse, social worker, dropout prevention coordinator, school counselor and school Powerschool data manager. Someone should act as the homebound designee (coordinator of paperwork) to ensure that all paperwork is signed and submitted as a packet.

_____ The checklist (HB1) has been reviewed School request form (HB2) is completed and has the principal's signature.

_____ The student and parent/guardian consent form (HB5) is signed.

_____ The homebound teacher is named and found by the school. Do not submit the application without the homebound teacher assigned.

- Parents may not serve their own child.
- Classroom teachers of homebound students should be encouraged to provide services since they know the curriculum, scope and sequence.
- The homebound teacher should review the Homebound Guidelines (HB6) with the student.

_____ Complete the packet and send this to the office of Dr. Cindy Corcoran, Assistant Superintendent of Instructional Support Services at Central Office.

_____ A home visit/encounter (HB 7) and report completed by the nurse, school counselor and/or social worker within the **first seven days** and sent to Dr. Cindy Corcoran.

_____ Signed paperwork from Dr. Corcoran's office will be returned signed. The school will work with the parent/guardian to ensure that homebound services are re-evaluated every four weeks. Homebound services will not be continued beyond four weeks unless an updated current doctor's request is made by the appropriate doctor or licensed mental health professional.

Principal's Signature/Date

Rockingham County Schools
511 Harrington Hwy.
Eden, NC 27288

HB2

Telephone: (336) 627-2688 FAX: (336) 627-6619
Check to see if student has IEP. If so, this is not the form you need!
Contact your EC teacher or call the EC Department at Central Office

Homebound Services Request Form

_____ is requesting permission to enroll
(Name of School)

_____ in homebound services.
(Name of Student)

Grade: _____ Age: _____ Ethnic Group: _____ Gender: M F (Circle one)
Counselor: _____ Telephone: _____ Ext: _____
Teacher Designee: _____ Phone: _____
Parent/Guardian Name: _____
Address: _____ City: _____ Zip: _____
Daytime Phone: _____ Mother: _____ Father: _____
504 Student Yes No (Circle one)

Subjects	Teacher Ext.	Subjects	Teacher Ext.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Reason for Request: _____

(Principal's Signature)

(Date)

Central Office Use Only

Forms Received:

- _____ School Request Form (Form A)
- _____ Statement from Physician or Licensed Mental Health Professional (Form B)
- _____ Parental Consent (Form C) _____
- _____ Consent for Release Document (Form E)

Name of Homebound Teacher _____
Instruction Begins: _____ Ends: _____
Student Returns to Regular Class on: _____

REQUEST APPROVED: _____ REQUEST DENIED: _____

Reasons for denial: _____

Date: _____ Assistant Superintendent of Instructional Support Services: _____

c. Social Worker: _____
DOP Specialist: _____
Homebound Teacher: _____

School Nurse: _____
School Counselor: _____

Medical Instructional Release Form

To Be Completed by the Physician

Student's Name: _____ Student's Age: _____

School: _____ Grade: _____

Parent/Guardian Name: _____ Phone: _____

NOTE TO PHYSICIAN:

In order to receive homebound services, a student must be medically unable to attend school for a minimum of four (4) weeks. Please note that medical reauthorization is required every four (4) weeks in order for a student to continue receiving homebound educational services. Homebound instruction is not an appropriate long-term substitute for attending school. When appropriate, other options can be made available on the school campus (i.e. abbreviate schedules/days attending). Students are provided no more than three hours of instructional services per week. Homebound should be considered educationally as the last resort. Rockingham County request that the appropriate physician sign this form according to the student's medical condition (i.e. in cases of mental health issues such as depression, anxiety, etc. should be signed by a mental health licensed counselor or a psychiatrist rather than a family physician). The school system may revoke homebound instruction for students found to be engaged in recreational, extracurricular or employment activities that conflict with the reason(s) for which homebound was approved. Please contact the Assistant Superintendent of Instructional Support Services if you have any questions concerning the impact of these services on a student's education long term.

Diagnosis: _____

I do not believe reasonable accommodations (i.e. wheelchair, elevator use, or a shortened day, etc.) could be made to allow the student to come to school.

Anticipated length away from school: _____

Date Confinement Begins: _____ Anticipated Date Confinement Ends _____

Comments or restrictions: _____

If reason is pregnancy, patient's due date is _____

I certify that the above named student is not medically able to attend school for the following reason (s). Please be very specific: _____

Doctor's Name – (Please Print)

Doctor's Signature

Date

Mailing Address:

Office Phone Number

Office FAX Number

Rockingham County Schools
Authorization for Release of Medical/Other Records Pursuant to HIPAA
PHI-Protected Health Information

HB4

Patient's Name: _____ Date of Birth: _____

Print Name of Parent/Legal Guardian: _____

Relationship to Student: _____ Date: _____ Expiration Date _____
(expires 1 yr. unless otherwise noted)

Please note reason for release: Determination of Eligibility for Homebound Services

I authorize and request release of Medical/Other Records (PHI) from:

Name of Physician or Licensed Mental Health Professional

Street Address

City, State, Zip Code

Please include information regarding the following:

- | | |
|------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Office Visits within last 6 months |
| <input type="checkbox"/> Current Medical Needs | <input type="checkbox"/> Psychological or Mental Health Record |
| <input type="checkbox"/> Consultations | |

I wish to exclude _____ medical information from being released.

These records will be received or picked up by:

- | | |
|-------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> School Nurse | <input type="checkbox"/> School Social Worker |
| <input type="checkbox"/> School Counselor | <input type="checkbox"/> School Administrator |

and may be shared with others in the school system who have to need to know.

Name of person who is to receive records: _____

Address if mailed: _____

City: _____ State: _____ Zip: _____

1. You have the right to revoke this authorization in writing unless the Medical Records (PHI) have already been released or if otherwise prohibited by state or federal law.
2. Treatment, payment, enrollment or eligibility for benefits may not be a condition to release Medical Records (PHI). A signed authorization is required in order for Medical Records (PHI) to be released.
3. When this information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by above party and may no longer be protected by the federal HIPAA Privacy Rule.

Parent/Legal Guardian Signature: _____

Date: _____ Expiration Date: _____

(expires in 1 year unless otherwise noted)

HB5

Homebound Instruction
Student and Parent/Guardian Consent Form

To Parent and Student: _____ Date: _____

Rockingham County School System is so pleased to provide homebound instruction for your child _____.

The following should be considered:

1. A responsible adult must always be present in home at the time of instruction. Please work with the homebound teacher to set up a schedule so that a responsible adult is present in your home. You will also be required to sign the Checklist (Assignment/Attendance), after each session.
2. Please provide a quiet work place, free from distractions of television and phone calls, where the teacher and student can work without distractions.
3. Your child should be home and ready to learn when the teacher arrives on the agreed upon date and time. Always notify the teacher in advance if there is any reason why it is not possible to have a lesson.
 - If your child misses planned instruction two times, the Homebound Teacher will notify the Homebound designee at the school.
 - The Homebound designee will attempt to contact you to discuss the missed appointments.
 - If your child misses instruction a third time, instruction may be discontinued. The Homebound designee will contact you and resumption of services will be determined on a case-by-case basis.
4. Please coordinate with the Homebound Teacher by seeing that your child does the daily assignments. This will help your child make progress.
5. In order for your child to receive homebound instruction, we must have a signed physician's statement, the school's recommendation, and a parent consent form. The school system may deny homebound instruction if there is no evidence of treatment to resolve the medical condition. *Appropriate accommodations, as agreed upon by the doctor and the school, may be used to allow the quick return of the student.
6. Students who are receiving homebound instruction should not be engaged in recreational activities or employment that conflicts with the reason(s) for which homebound was approved. The school system reserves the right to deny or revoke homebound for students found to be capable of attending regular school.
7. Advanced placement or honors classes may be changed to the college preparatory level for students on long-term homebound instruction and the school system may also reduce the number of courses presented via homebound instruction for students on long-term homebound instruction (over 12 weeks or greater). Homebound services do not guarantee a student will be promoted or receive course credit.
8. If homebound services cannot be provided in the home, then services can be provided at an agreed upon location such as the local library, a parent resource center, after school hours at the home school, etc.
9. Technology may be needed for course work for students grades 9-12 as APEX or CANVAS may be utilized to access information or assignments. Please make sure to address this topic and to ensure that a technical device (laptop, home computer, chromebook) have been secured and that access to the internet is available, either at home or at the designated spot agreed upon for services to be rendered.

I have read all of the information above and I understand that I will be visited by a school nurse, dropout prevention specialist, social worker and/or a school counselor. I understand that I should be forthcoming with all information regarding my child's medical status. I understand that I must provide a doctor's note every four weeks certifying that my child is restricted to the home because of his/her medical condition, and that attendance at school would be dangerous for the student. I understand that homebound services do not guarantee my child will receive credit or be promoted. The physician's supporting documentation and a signed Authorization for Release of Medical Records Pursuant to HIPAA are attached.

Parent/Guardian Signature: _____ **Student's Signature:** _____

Home Address: _____

Mother's Phone: _____ **Father's Phone:** _____ **Student's Phone:** _____

Anticipated Start Date: _____ **Anticipated End Date:** _____

Cc: School, School Nurse, School Social Worker, DOP Specialist, School Counselor

Homebound Instructions and Guidelines for the Student

HB6

Students in grades K-5 (parent/guardian may sign) Students in 6-13 must sign

Dear _____,

Welcome to Rockingham County School Systems Homebound Instruction Program. To make sure your experience is a successful one, certain guidelines must be followed. Please read the information carefully and sign the form.

1. Each assignment must have the date, your name, the teacher's name and the course assignment. For example: 4/30/17, John S., Mrs. Jones, Math I
2. When your teacher gives you a deadline, you must complete and submit the work by the deadline.
3. Failure to be available for Homebound Instruction unless you have an excused absence and have notified the Homebound Teacher **in advance** will be considered an unexcused absence.
4. If a location has been agreed upon to meet, other than home, you should be on time and fully prepared with materials (pen, pencil, paper), technological devices (i.e. chromebooks, laptop computer) and completed assignments.
5. When meeting with your homebound instructor, you should demonstrate cooperative behavior and a good attitude. The homebound instructor is there to assist you but not there to be disrespected.
6. Being on Homebound Instruction does not excuse you from completing the work that is assigned to you during this time. You must commit to keep up with your assignments so you do not fall behind. **Middle School and High School Students:** *Assignments that are not completed can have a serious effect on your ability to pass a class, keep up with your classmates, receive a high school credit or return successfully to the regular classroom, fully prepared to engage in the work. Make every effort to keep up with your assignments.*
7. If you do not understand an assignment, ask your Homebound Teacher for help. Ask for help when you need it. **High School Students:** *If you are in a class whereby you have access to APEX or CANVAS, and are unclear about an assignment, reaching out to the classroom teacher or a school counselor through email is important. Reach out for assistance way ahead of time and do not wait until the deadline.*
8. Recreational activities such as community sports and employment are prohibited. If you are unable to attend school for a medical reason, then these activities should be limited as well. Failure to do so could result in homebound services rescinded.

I have read and will follow the Homebound Instruction Guidelines.

Grades 6-12: Student Signature: _____ Date: _____

Grades K-5: Parent Signature: _____ Date: _____

Homebound Instruction Teacher Signature: _____

***Return this signed form to the Homebound Designee.**

