HOMEBOUND INSTRUCTION

Homebound instruction is provided by Scott County Public Schools to students who are temporarily unable to attend school due to physical illness or emotional disorders. Eligibility for homebound instruction is determined on the basis of medical evidence submitted by a licensed physician or a licensed clinical psychologist. The school division reviews all requests for completeness of information and appropriateness of the request.

Scott County Public Schools will ask the parent(s)/guardian(s)/adult student to sign a release of information form allowing the physician or licensed clinical psychologist to share information of clarify information provided for approval of homebound instruction. Approval is determined by school division personnel on the basis of student documented need for service. In the event extended medical leave is recommended (beyond 9 weeks), the Homebound Director may request a second medical opinion from another physician/mental health provider at no cost to the parent.

Student with Disabilities

If the student is s student with disabilities, the Individualized Education Plan (IEP) must be amended by the IEP team to meet the special education student's temporary instructional needs based on approved certification of need for homebound instruction. Parent consent must be obtained to amend the IEP, prior to initiation of homebound services. If a student with disabilities is receiving related services at the time of homebound request, the IEP must address how those services are to be delivered. If a student with disabilities is denied the request of homebound services, a Written Notice must be sent to the parent(s)/guardian(s)/adult student with an explanation of denial of services. If the student with disabilities is approved for homebound services, the IEP team must amend the IEP upon termination of homebound services in order for the student to return to the school setting. If the homebound teacher assigned to the student for services is not a highly qualified special education teacher, the IEP must reflect how services are to be provided under the direct supervision of a special education teacher.

Initiation of Service and Estimated Time

Homebound instruction should be initiated no later than five instructional days after approval of request. Estimated hours of instruction:

- Elementary school students may receive 2-5 hours a week depending on the need. This time may include planning time and grading time.
- Middle school/high school students 2-8 hours a week depending on the need. This time may include planning time and grading time.

Termination of Services

Students receiving homebound instruction should return to the school setting as soon as possible. Homebound services are always considered temporary. If homebound services go beyond a nine-week period as determined by additional medical or psychological information, other support staff such as school nurse, school counselor, or school psychologist may also be assigned to the student depending on the student's needs.

Student/Parent/Guardian

A student 18 years of age or older is considered at the age of majority and may represent themselves without parent/guardian involvement.

The student and parent/guardian are expected to work cooperatively with the assigned homebound teacher and school personnel to:

- Obtain certification from the physician or licensed clinical psychologist requesting homebound services, and complete parental signature forms in order to begin homebound instruction.
- Have a responsible adult in the home during the entire period of instruction.
- Provide adequate facilities for teaching (quiet room without interruptions, with a table, chairs and appropriate supplies).
- Have the student ready for instruction at the time designated by the homebound teacher.

- Supervise daily homework.
- Notify the teacher, prior to the scheduled visit, if there is a contagious illness in the home or if there is an emergency.
- Keep all appointments with the homebound teacher (excessively missed appointments may result in suspension of services) and/or involvement with Truancy Coordinator.
- If the student has to miss the appointment due to a doctor's appointment, a note from the doctor's office should be presented to the homebound teacher for the student's file.
- Make every effort to complete assignments.
- Advise the homebound teacher of any change in the student's status that would necessitate modification or termination of homebound services.
- Notify the school division's Director of Homebound Instruction of excessively missed appointments of tardiness by the homebound teacher.
- Verify the homebound teacher's attendance by signing-off on their time sheets.

Homebound Teacher

Persons serving as homebound teachers must:

- Maintain close contact with the student's teachers to receive and implement appropriate educational programs.
- Maintain an accurate record of hours of instruction.
- Submit student's completed work to the school of attendance in a timely manner.
- Responsible for assigning grades if the student is on homebound for more than nine weeks of instruction. These grades are to be averaged with other grades earned by the student in the general education program during regular attendance.

Please return the completed form to:

Brenda Robinette
Supervisor of Homebound Instruction
Scott County Public Schools
340 E. Jackson St.
Gate City, VA 24251
276-386-6118
FAX 276-386-2684

HOMEBOUND INSTRUCTION
MEDICAL CERTIFICATION OF NEED

To be Completed by Licensed Physician or Licensed Clinical Psychologist Providing Care to the Student for the Condition for Which Services are Requested.

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 (8VAC20-131-180). 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 (typically not more than 9 weeks), 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 Individualized Education Program (if applicable).

1. **Name of Student: _____**

2. **Name of School: _____ Grade: _____**

3. **Nature and Extent of illness: _____**

   _____

   Date of examination or diagnosis of this illness: _____

4. **Is the student confined at home or in a health care facility? _____ Yes _____ NO**

5. **Is the illness/treatment intermittent in nature (e.g., sickle cell anemia, chemotherapy for childhood cancer)? _____ YES _____ NO**

6. **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 _____

   _____

   Estimated date of return to school: _____

7. **Explain ongoing treatment and/or therapy being provided: _____**

   _____

8. **Frequency of treatment: _____**

_____ _____
Signature of Licensed Physician or Clinical Psychologist Date

_____ _____
Print Physician/Psychologist Name Telephone Number

_____
Office Address City, State, Zip Code

SCOTT COUNTY PUBLIC SCHOOLS
AUTHORIZATION FOR DISCLOSURE OF PROFESSIONAL INFORMATION
340 EAST JACKSON STREET
GATE CITY VA 24251
PHONE: 276.386.6118
FAX: 276.386.2684

Student Name:_____ Date of Birth:_____ Date:_____

Outside Agency Name:_____ Phone:_____ Fax:_____

Address:_____

☐ I hereby give my consent and authorize Scott County Public Schools to receive the following information:

YES	NO	
☐	☐	Evaluations (specify):_____
☐	☐	Progress Reports
☐	☐	Psychiatric
☐	☐	History (specify):_____
☐	☐	School Records/Reports (specify):_____
☐	☐	Diagnosis or Principal Complaint
☐	☐	Admission, Discharge & Tx Summary
☐	☐	Alcohol & Drug Abuse Treatment Information

YES	NO	
☐	☐	Referral
☐	☐	Psychological
☐	☐	Behavioral Health
☐	☐	Educational
☐	☐	Identification
☐	☐	IEP/Eligibility
☐	☐	Medical/Vision/Hearing
☐	☐	Psychosocial Information

FOR THE PURPOSE OF:
☐ Coordination of Services
☐ Evaluation/Assessment
☐ Eligibility
☐ IEP Development
☐ Other:_____

I understand that this consent is subject to revocation by me at any time, and unless an earlier date is specified, this release will expire 12 months after the date specified below. If less than 12 months, the alternate expiration date is _____(either N/A or date). As the person signing this consent, I understand that I am giving my permission to the above named provider or other named third party for disclosure of confidential health care records. I also understand that I have the right to revoke in writing to the person who is in possession of my records except to the extent that action has been taken in reliance thereon. A copy of this consent will accompany any disclosure, and a notation concerning the persons or agencies to whom disclosure was made shall be included with my original records. I may also request to inspect or copy the information to be used or disclosed. The person who receives the records to which this consent pertains may not disclose them to anyone else without my separate written consent unless such recipient is a provider who makes a disclosure permitted by law.

I understand that I have the right to refuse to sign this Authorization for Disclosure of Professional Information and have been informed that by refusing to allow communication between treating physicians/clinicians is counter-productive and potentially dangerous.

_____ _____
Patient/Client Signature (16 years & older) Date Signed

_____ _____ _____
Guardian or Legally Authorized Representative Relationship to Patient/Client Date Signed

Prohibition on disclosure: This information has been disclosed to you from records protected by Federal confidentially rules and meets both the FERPA (Educational Records) and HIPPA (Medical Records) guidelines.

Signature of Witness and Title:_____ Date:_____

NONDISCRIMINATION POLICY

In compliance with the Executive Order 11246; Title II of the Education Amendments of 1976; Title VI of the Civil Rights Act of 1972; Title IX Regulation 1964 and Implementing Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973; the Genetic Information Nondiscrimination Act (GINA) of 2008 and all other Federal, State, School rules, laws, regulations, and policies, Scott County Public Schools shall not discriminate on the basis of race, color, religion, national origin, political affiliation, gender/sex (including pregnant and parenting students),age, marital status, disability, or genetic information in any educational program including vocational education for career and technical students, daily activities or extra-curricular activities, or the admission to such programs or activities, and provides equal access to the Boy Scouts and other designated youth groups. Contact Brenda Robinette Nondiscrimination Compliance Officer, Jason Smith, or Jennifer Frazier at 276-386-6118, Scott County School Board Office for further information pertaining to nondiscrimination or to file a complaint.

POLÍTICA DE NO DISCRIMINACIÓN

En cumplimiento con la Orden Ejecutiva 11246; Título II de las Enmiendas a la Educación de 1976; Título VI de la Ley de Derechos Civiles de 1972; Título IX del Reglamento 1964 e Implementación de Enmiendas a la Educación de 1972; Sección 504 de la Ley de Rehabilitación de 1973; La Ley de No Discriminación de la Información Genética (GINA, por sus siglas en Inglés) de 2008 y todas las demás reglas, leyes, reglamentos y políticas de la Federación, el Estado y la Escuela, las Escuelas Públicas del Condado de Scott no discriminarán por raza, color, religión, Género / sexo (incluyendo estudiantes embarazadas y de padres), edad, estado civil, discapacidad o información genética en cualquier programa educativo incluyendo educación vocacional para estudiantes de carreras y técnicos, actividades diarias o extracurriculares o admisión a dichos programas o actividades , Y proporciona igualdad de acceso a los Boy Scouts y otros grupos juveniles designados. Contacto Brenda Robinette Oficial de la conformidad de la no discriminación, Jason Smith, o Jennifer Frazier en 276-386-6118, oficina del consejo escolar del condado de Scott para la información adicional que pertenece a la no discriminación o para archivar una queja.

MEDICAL REQUEST FOR HOMEBOUND

Scott County Public Schools
340 East Jackson St.
Gate City, Virginia 24251
276-386-6118
FAX 276-386-2684

Student Name: _____ Date of Birth:_____

Address (Physical):_____

Address (Mailing):_____

Home Phone: _____Cell Phone:_____

E-Mail Address: _____

Reason requesting for Homebound Services: _____

Student with Disability (receiving special education programs and services): _____ YES _____ NO An IEP must be amended to address homebound services.

Student with Disability - Case Manager: _____

Parent/Guardian/Adult Student (Printed Name): _____

Parent/Guardian/Adult Student Signature: ----------

School: _____Grade:_____ _____

Homeroom Teacher: _____

Subjects 1st Semester:	**Teacher:**
_____	_____
_____	_____
_____	_____
_____	_____

Subjects 2nd Semester (As appropriate)	**Teacher:**
_____	_____
_____	_____
_____	_____
_____	_____

HOMEBOUND INSTRUCTION (Continued)
To be Completed by the Parent/Guardian/Adult Student

Name of Parent/Guardian/Adult Student: _____

Name of 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 provided, 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.

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 a concern about homebound services or the homebound instructor, questions about homebound services, or completing this form, please contact: Supervisor of Homebound Instruction at the Scott County School Board Office (276-386-6118).

_____ _____

Signature of Parent/Guardian or Eligible Student **Date**