

**Brooke County Schools Homebound Services
Parent/Guardian Homebound Application Process
Informational Form**

School Year _____

Student's Name: _____

Date: _____

Brooke County Schools advocates for all children to attend school regularly in order to reach their own maximum potential. Research has shown that attendance has a huge impact on a student's academic success starting in kindergarten and continuing through high school. However, we know that on occasion a child might experience an illness or accident which may necessitate a student missing ten or more consecutive days. In these stressful periods, we want families to know we are there for them and will strive to make every effort to provide an opportunity to continue student learning toward mastery of grade level content standards while he or she is temporarily confined to home or a hospital. Unfortunately these services may not replace full time instruction on an ongoing basis. It is our expectation that the student will return to the regular classroom in a timely manner.

As the parent/guardian of the above named student, I understand that homebound services are a privilege given to students and a benefit to my child's education and that there are certain guidelines and criteria that I am responsible for prior to and during the homebound process which are as follows:

- I understand that homebound services are not intended for students who have attendance problems due to truancy, as a means of providing supplemental instruction for those who are failing any scholastic course(s) or as an alternative to regular school attendance where no disabling illness is present.
- I understand that this request for homebound services is to provide my child with a temporary short term educational instructional environment of 6-8 hours per week while he/she is unable to attend school due to an injury, surgery or illness that will result in ten or more consecutive days of school absences.
- I understand that my child's homebound instruction is geared toward core subject areas only and does not replace or mimic the necessary classroom instructional time.
- I understand the homebound coordinator will assess all of my child's educational records (i.e. attendance, grades, transcripts, etc.) as part of the homebound process and this information may be shared with my child's health care provider and/or therapist in order to help determine the most efficient and effective plan for educating my child. Our family, the school and the health care providers will make every effort to keep my child in school before homebound instruction will be approved.
- I understand that until approval of the homebound process occurs, my child should attend class. If my child cannot attend class, it is my responsibility to provide the school with a document from the health care provider verifying his/her absences or my child will be considered "unexcused" and at risk for potential truancy issues.
- I understand that until I receive confirmation that homebound services have been approved and are scheduled, I am responsible for arranging with the school to pick-up all text books/missed assignments, having my child complete the assignments and then returning the completed assignments back to the school for grading. My child and I are responsible for completion of all missed assignments and non-compliance of this can cause my child's grades to fall.
- I understand that homebound instruction for students in grades 9-12 will be conducted at the Brooke County p.m. Alternative learning School site.

By signing and dating this information informational form, I acknowledge that I have been informed and understand the guidelines and criteria listed above to ensure that my child is successful in his/her education during the homebound application process.

Parent/Guardian Signature

Date

Brooke County Schools Homebound Application

School Year _____

**Please return completed application directly to
Tim Pannett, Director of CTE/Adult Education/Attendance
1201 Pleasant Ave, Wellsburg, WV 26070
Phone (304)737-3481 ext. 227/Fax: (304)737-3480**

To be completed by parent:

Student Name: _____ Date of Birth _____

School: _____ Grade: _____

Does the student have an active IEP: _____

If yes, list the date the IEP reflects change of placement to homebound: _____

Parent's Name: _____ Phone Number: _____

Family Address: _____

Student's Cell Phone Number: _____

Homebound services may be provided to students who miss school for more than **three consecutive weeks** due to illness, injury, pregnancy or mental health reasons. Homebound only covers the four core classes (Math, English, History, Science). Students are still responsible to work on the non-core classes independently.

The West Virginia State Board of Education Policy requires that the following questions be answered before providing any homebound or hospital instruction.

To be completed by the licensed health care provider who specializes in the health condition:

Reason for Homebound: _____

Expected Duration: _____

Medications: _____ Treatment Plan: _____

Pregnant Students: Pregnant students are expected to attend school up until delivery unless there is a medical reason they should be excused. Students are excused from school post-delivery for 6 weeks and in the event of a C-section for 8 weeks. Homebound services are provided during this time.

Expected Delivery Date _____ **Actual Delivery Date** _____

Mental Health: Must provide a copy of the psychiatric evaluation along with a projected treatment plan including plans for transitioning back into the school setting. This section must be completed by the health care provider who specializes in this health condition.

Medications: _____

How often seeing the psychiatrist? _____ therapist? _____

Please indicate the criteria in which the student can return to school:

Expected Date of Student's Return: _____

Printed Name of Licensed Health Care Provider

Signature of Licensed Health Care Provider

Address: _____

Phone Number: _____

Fax Number: _____

To be completed by the parent:

I understand that this request for homebound services is to provide my child with a temporary educational instructional environment of 6-8 hours per week while he/she is hospitalized, disabled due to injury, surgery, and/or illness that will result in ten or more consecutive days of school absences. I also understand that homebound instruction is not intended to duplicate the classroom activities, but to provide assistance to my child in learning classroom material missed and completion of assignments given. I understand that my child will have to work independently to complete all missed assignments required by the classroom teachers. I have read and/or been explained the homebound policy guidelines and understand the conditions set forth.

I also grant Brooke County School officials' permission to contact any licensed practitioner noted on this form to discuss this diagnosis and the child's needs to reach academic demands. By doing so, I understand that Brooke County Schools will provide academic accommodations to meet both county and state educational standards and is committed in providing an alternative academic opportunity for my child to be successful in their educational endeavor.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

Student's Printed Name

Student's Signature

Date

This form must be resubmitted every semester of a student's temporary home/hospital instruction. Students will be considered truant and homebound services will halt if the form is not updated in this timely manner.