

Homebound Services
Parent/Guardian Homebound Application Process Informational Form
2017-2018

Student's Name: _____ Date: _____

As the parent/guardian of the above named student, I understand that homebound services are a privilege 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 is not intended nor is it appropriate for students who have attendance problems due to truancy, as means of providing supplemental instruction for those who are tailing 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 or as directed by the Individual Educational Plan (IEP) while he/she is disabled due to a home or hospitalization for 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 his/her individual educational skills in the core subject areas only and does not replace or mimic the necessary classroom instructional time.

I understand that 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 that this information will be shared with my child's health care provider and therapist in order to help determine the most efficient and effective plan of action for my child whether or not homebound services are initiated or not and whether other in-school modifications need implemented.

I understand that until completion 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 documentation from the health care provider(s) verifying his/her absences or my child will be considered "unexcused" and risk potential truancy issues.

I understand that until I receive a conformation 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.

I understand that until I receive a conformation of approval or non-approval of homebound services that my child is totally responsible for completion of all missed assignments and that non-compliance of this can cause my child's grade status to fall.

I also understand that no course work (core or non-core) prior to any approved homebound services will be covered during the homebound services. Covered core assignments will only begin with the effective date homebound was officially approved.

I understand that a Student Assistant Team (SAT) or an Individual Educational Plan (IEP) will be scheduled once the application process is completed and that I or an assigned designee will attend to complete the homebound request process for a determination of approval or non-approval of services.

I understand that a request for homebound services will not automatically guarantee that my child will be approved for services and that in-school modification can be implemented in place of homebound services that will be more beneficial to my child's successful educational process.

By signing and dating this informational sheet, I acknowledge that I have been informed and understand that 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
2017 -2018

Stephanie Blundon Phone: (304) 737-3481 EXT. 228 Fax: (304) 737-3480 Director of Student Services, Attendance and Assessment Attn: Stephanie Blundon	Homebound Services 1201 Pleasant Ave. Wellsburg, WV 26070
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Student Name _____ Date of Birth _____

School _____ Grade _____

Student has an active IEP? Yes No Teacher of Record _____ Date of Initial HB IEP/SAT

Follow up HB IEP/Team Meeting/SAT Meeting _____

Return to School IEP/SAT _____

Address _____ Student Cell Phone _____

Parent/Guardian _____ Home Phone _____ Cell Phone _____

Work Phone _____

Homebound is provided to students who miss school for 10 or more consecutive school days due to illness, injury, pregnancy or mental health reasons. Homebound only covers the 4 core classes (Math, English, History, Science). Students are still responsible for the non-core classes but are responsible for keeping up on their own.

The WV State Board of Education Policy requires that the following questions are answered before providing any homebound or hospital education instruction.

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 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.

Medications _____ How often seeing the psychiatrist: _____

Therapist: _____

To be completed by the licensed health care provider:

Reason for Homebound: _____

Duration: _____

Medications _____

Treatment Plan: _____

Licensed Health Care Provider _____

Address

Phone

Fax

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 4-6 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 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. 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 Printed Name

Student Signature

Date