

TITLE: Homebound/Hospital Services

1. Students who, due to injury or for any other reason as certified in writing by a licensed physician or other licensed health care provider are temporarily confined to home or hospital for a period that has lasted or will last more than three consecutive weeks shall receive home/hospital services. The written statement must include:

- A. the specific reasons the student must remain at home or in the hospital; and
- B. the criteria or conditions under which the student can return to school, and the expected date of such return.

2. A written statement by a licensed physician or other licensed health care provider must be resubmitted every six months if a student's temporary home/hospital instruction is prolonged.

3. The Board of Education may require that the parent/guardian obtain an opinion from a second health care provider at the expense of the county board.

4. Home/hospital services must be designed to provide the student adequate opportunity to continue learning toward mastery of grade level content standards and objectives. The schedule for home/hospital services must include adequate instructional time and be provided at a location when a responsible adult in addition to the teacher is present.

5. Home/hospital teachers are responsible for facilitating instruction on the core courses' content standards and objectives as guided by the student's classroom teacher(s); consequently, the home/hospital teacher must be in regular contact with the classroom teacher(s) to:

- A. secure and understand units/lessons, instructional plans and instructional materials, and
- B. establish procedures for the collection and return of student work to the classroom teacher(s) for assessment.

6. Home/hospital services, provided for an exceptional student who is unable to attend school temporarily because of an injury, illness or health condition requires a change in the student's placement to Out-of-School Environment (hereinafter OSE) as defined by W. Va. 125CSR16, WVBE Policy 2419, Regulations for the Education of Exceptional

Students (hereinafter Policy 2419), Section 5.1.5.g.E. The change of placement to OSE must be addressed by the student's IEP team and implemented in accordance with the requirements of Policy 2419.

7. Home/hospital services may also be provided temporarily at the direction of the county superintendent for students who have not met the immunization requirements of W. Va. Code §16-3-4.

Legal Authority: West Virginia Board of Education Policy 2419

Board Adoption: July 21, 2014

Homebound Instruction Procedures

1. The parent/guardian must complete a Request for Homebound Instruction (form) and submit it to the Superintendent or their designee.
2. A Physician's Report is required prior to assignment of a homebound instructor by the Superintendent or their designee.
3. Upon receipt of the Physician's Report, the Superintendent or their designee will review the request and approve or deny the Homebound Instruction.
4. If the request is approved, a conference shall be held by the principal that may include: the homebound instructor, parent/guardian, counselor and regular instructor(s). This conference shall detail the course requirements, reporting procedures, contact with the regular instructor, establishing course grades, issuance of a report card and all other details for the successful continuance of instruction.
5. A Homebound Instruction Agreement must be signed by student, parent/guardian and homebound instructor.
6. In the event a situation dictates extended homebound services a physician's statement of need must be submitted when the term of instruction reaches six months in length.
8. Copies of all required forms will be placed in the student's permanent file.

Gilmer County Schools
Request for Homebound Instruction

I, _____, request that my child, _____,
be provided homebound instruction for the following reason(s):

I anticipate the duration to be _____

I understand that I must secure a Physician's Report prior to the Superintendent or their designee being able to grant this request.

Parent Signature

Date

Superintendent's Approval/Denial of Homebound Instruction

Your request for homebound services has been:

Approved

Denied for the following reason: _____

Superintendent's Signature

Date

Gilmer County Schools

Homebound Instruction Agreement

Nothing can re-create the classroom environment. In an effort to keep the student abreast of classroom assignments, we offer the assistance of a homebound teacher. The duties of this teacher are to confer with classroom teachers, take assignments to the students, provide appropriate instruction, return assignment to the classroom teachers for correction, and then provide the student with feedback regarding the assignments.

Thus, the purpose of our program is to provide the homebound student with the opportunity to complete classroom assignments commensurate with peers.

It is important that the classroom teachers, homebound teacher, student and parents cooperate in order to render this an efficient, worthwhile educational experience.

Please read the following carefully. If you agree to these stipulations, please sign at the bottom.

1. I, _____, understand that I must complete all assignments and exams
Student in each subject to receive credit.

2. I, _____, agree that my child will be available at the scheduled time
Parent for instruction. If circumstances arise that render this impossible, I will call the instructor and-reschedule the visit.

3. The designated schedule for instruction is: _____

If you are in agreement with the, above stipulations, please sign in the appropriate place.

Student _____

Parent/Guardian _____

Homebound Instructor _____

Gilmer County Schools
Homebound / Hospital Services Statement

To the Physician: The parent/guardian of the child listed below has requested that Gilmer 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, Gilmer County Schools is requesting 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 that Gilmer County Schools has the right to request and obtain an opinion from a second health care provider.

Student's Name: _____ DOB: _____

School: _____ Grade: _____

Physician's Name: _____

Address: _____

Phone # _____ Fax: _____

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

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

Witness's Signature: _____ **Date:** _____

(Required-Associated with medical record)

TO BE COMPLETED BY TREATING PHYSICIAN

Student's 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 the 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's Signature: _____ Date: _____