

Student Name:				Student ID #:	
Address:			Zip Code:	Home Phone #:	
Age:	DOB:	Grade:	Ethnicity:	Gender:	
Parent/Guardian Name:					
Work Phone #:			Student Email:		
Other Phone #:					
Language Spoken in the Home:					

General Education Referral for In Home Instructional Support & IEP Team Referral for Homebound Services

Regular education students can expect to receive 3 hours of instruction per week.

The IEP team determines the extent of services required when a hospital/homebound placement is determined.

Referring School: _____ Student Attendance: (Year-to-date) Days Present _____ Days Absent _____ A completed referral must include: Referral Form, Parent Permission Sheet, Physicians Referral, Current Schedule, Attendance Report. If the student's extensive absences place the student at risk of failing the course(s) please indicate which course(s) the homebound teacher should address to help the student capture some credit. Is Ed Options an alternative? Counselor: _____ Phone# _____ Social Worker: _____ Phone# _____	Does student have an IEP? Y N <i>**If yes please attach to this referral</i> Does student have a 504 Plan? Y N <i>** If Yes please attach to this referral</i> <p style="text-align: center;">Reason for Referral:</p> Physical Illness or Injury: _____ Mental Health Diagnosis: _____ Special Education Placement: _____ <i>* Any special education meeting considering a hospital homebound placement must include a representative from homebound services as a member of the IEP team designing the delivery of special education to be provided.</i>
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Is there additional information that the homebound instructor should be aware of which is **not** included in this referral?
 If yes, explain below or call 684-5684:

Date Complete Packet Received: _____

Required signatures: Principal: I understand that the student's classroom teacher(s) of record, remain responsible for providing assignments to the student on a regular basis until the student is able to return to class.

Signature _____ Date: _____

Hospital School Principal: **Approved** **Denied**
 Signature _____ Date: _____

Homebound Teacher Responsible: _____

Parent/Guardian Permission and Release Form

My child has been referred to receive homebound services while they are not able to participate in the school-based instructional program. Homebound instruction does not duplicate the regular classroom experience. Instructional time in the home is limited. The Homebound Teacher will, to the extent possible, follow the student’s course of study and/or IEP. Students will remain enrolled in their school of attendance while receiving homebound. Assignments for the instructional sessions will be provided by the student’s classroom teacher(s), who are the teachers of record and issue grades for work completed. I understand that:

- An adult, 18 years or older, must be present in the home for the entire duration of the Homebound teacher’s visitation.
• Durham Public School District teachers are guaranteed a smoke, liquor, and drug free environment. When the homebound teacher is present an instructional environment free from the above distractions must be provided or arrangements must be made for instruction to occur at another location. Teachers are also guaranteed a safe, healthy, harassment-free environment within which instruction can occur free of interference.
• The homebound teacher will not enter the home if pets are loose in the home. Pets must be constrained to the extent they are not seen or heard in the instructional area.
• It is the responsibility of the parent to inform the Homebound teacher if the student or any member of the family has a contagious disease
• I am responsible for my child’s attendance during the scheduled instructional sessions and for supervising the completion of the class work assigned between homebound sessions.
• If the parent/guardian or student is not home when the Homebound teacher arrives for a scheduled visit, the student will receive an unexcused absence. Ten hours of unexcused absences from scheduled instructional time is cause for discontinuation of services. The parent must call the Homebound Teacher in advance of the scheduled visit to excuse their child.
• The Homebound teacher will, to the extent possible, follow the student’s course of study and/or IEP.
• Students will remain enrolled in their school of attendance while receiving Homebound Services. Specific questions about class assignments should be directed to the classroom teacher(s).
• Students will return to their school of enrollment upon the termination of the services. All work completed by the student will be returned to classroom teachers for grading.
• The student may not be employed or otherwise engaged outside the home or participate in organized activities outside the home. It is expected the student is medically restricted to the home and as such unable to attend school.

I understand and accept these rules governing the delivery of Homebound Services. Homebound instruction is intended to support my child’s academic progress until they are able to successfully return to school. I also understand that failure to honor these rules is cause for the temporary discontinuation of Homebound instructional services.

Name of adult to be present in the home during homebound instruction _____

I give my permission for Durham Public Schools to contact my child’s physician(s) and therapist(s) to obtain information pertaining to the effective delivery of educational services aimed at the successful return to the school environment. I authorize the release of any medical or psychological information necessary to process the application for homebound instruction, including future treatment plans and length of disability.

I certify the information below is correct and authorize the release of any medical or psychological information necessary to process this referral, including present treatment programs, plans, and projected length of disability

Parent/Guardian _____ Date _____ Student _____ Date _____

Physician’s Form

Please print:

Student’s Name (Last):	First:	DOB:
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Physicians Statement: This student is being considered for homebound instruction until they can return to school
Your medical advice is needed to determine the student’s eligibility for the service.

Medical Diagnosis:
If disease, is it contagious? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this condition allow a modified/partial day schedule ? Yes <input type="checkbox"/> No <input type="checkbox"/>
1) Do you recommend homebound instruction? Yes <input type="checkbox"/> No <input type="checkbox"/>
Specific Restrictions, Recommendations or Precautions:
2) When can home instruction begin? _____
3) Expected duration the disability will prevent school attendance _____
4) Date student may return to school? _____

<u>Pregnant Students:</u> Homebound instruction for pregnant students is available when medically warranted. We encourage students to attend school daily during pregnancy.
** Homebound services are provided to students post-delivery for 4 weeks unless otherwise directed by the physician.
Anticipated due date: _____ Anticipated date of return to school: _____
Specific restrictions or precautions:

<u>Mental Health Diagnosis:</u> Homebound instruction is designed to be short in duration. The services are available when the student’s diagnosis is documented with the Diagnostic and Statistical Manual of Mental Disorders. A copy of the student’s treatment plan is to be shared with the school designee to support the student’s successful return to school.
Medical Diagnosis:
Specific restrictions or precautions:

Physician’s Signature: _____ Title: _____

Physician’s name (Printed): _____ Phone #: _____

Address: _____ City: _____ Zip: _____

Date: _____

Note: Return this completed form to the school counselor at the student’s school.