

## 2017-2018

### Homebound Services Referral Information

Durham Public Schools provides instructional support to school-aged students actively receiving medical treatment for an injury or illness that prevents regular school attendance.

#### **What is homebound instruction?**

Experienced NC certified teachers support students academically using assignments/textbooks and/or online resources provided by the school's classroom teachers. Homebound teachers provide instructional assistance in the home and assist with the delivery of new assignments and the return of completed assignments for grading by classroom teachers.

#### **Who is eligible?**

- Students enrolled in a Durham Public school
  - Students with medical absences exceeding four consecutive weeks of school
  - Students with a medical diagnoses preventing full-time school attendance
- Referrals will require confirmation from the current medical provider to document reason(s) for school absence and the anticipated date of return to school.**

\*Partial school attendance is encouraged to minimize the social and academic impact of extended separation from school.

#### **What is the role of the homebound teacher?**

- Provide instructional support for students by obtaining assignments/textbooks and teacher resources
- Return completed work to the school for grading
- Serve as liaison between families and schools
- Assist with transitions for students returning to school

#### **What homebound instruction cannot provide:**

- Homebound instruction does not replicate classroom instruction.
- Homebound teachers do not assign material or grade completed student work.
- Homebound instruction is not designed to support students with brief absences of less than 20 consecutive days unless determined by an IEP or 504 plan.
- Students cannot complete most NC requirements for high school graduation through homebound instruction.
- High school students approved for homebound and projected to miss a semester or more of school may be limited to no more than two high school course credits per semester unless the student is using Apex/NCVPS courses.

#### **Role of the classroom teacher in the homebound process:**

- Classroom teachers remain the teachers of record and the primary contact for assignments/textbooks and instructional materials. Technology access for students shall be determined by the school, prior to making a referral.
- Secondary level teachers and students are encouraged to remain in contact via email/Face time or phone during the time of absence as a way to offer continued academic assistance for students.
- Students are encouraged to contact teachers for individual help sessions whenever medically possible.

## **General Education Students**

Each student's base school is encouraged to explore all lesser restrictive options before considering a referral for Homebound Services. Encouraging students the opportunity to continue school attendance on a modified basis is encouraged. Students at home miss valuable instruction and in-class discussion and questions and re-teaching.

Assignments and grading for homebound students remain the responsibility of the base school of enrollment. The instruction delivered to students at home is determined by factors that include: the student's age and grade, the nature of the identified health issues, the student's instructional needs by courses and the number of homebound students served at any given time. Some students require more in-home instructional support than others. The length of time out of school is also a factor influencing the support the student required by students.

Computer-based instruction is an option for some high school students if supported by the school. This alternative can be an effective option for students whose absences exceed at least one grading period. Computer-based courses and online courses may be effective as an alternative to remaining enrolled in classroom course(s). Assignment of any online courses is determined at the time of referral.

## **Special Education Students**

Special education students with temporary medical conditions (distinguished from the student's disability) that limit/prevent their school attendance generally have access to the same programs and options for homebound as general education students.

In cases when special education students are determined to require homebound instruction by the IEP team, the IEP team must determine the amount and nature (frequency, content, etc.) of instruction and special education and related services needed to allow the student to make progress on his or her IEP goals and to provide the student with a free appropriate public education. This decision may be influenced by factors that include: the student's IEP goals, the student's age, and other disability-based needs. The actual determination of the amount of weekly instructional hours is determined by the IEP team after due consideration of the above factors. Special education students may not experience any change in their IEP goals and objectives, when deliverable in the home setting. However, some IEP goals may not be deliverable in the home and will be addressed upon the student's return to the regular school environment.

Similarly, in cases when 504 students are determined to require homebound instruction by the 504 team, the 504 team also determines the amount and nature of instruction needed to provide the student with a free appropriate public education.

The IEP/504 team also should establish a schedule for reconvening to review the homebound placement no less than once every thirty (30) days.

Consideration by the IEP team to remove a student should only occur when the nature and severity of the medical condition is such that education in the school setting cannot be safely achieved with the use of accommodations, modifications, and/or supplementary aids and services. Homebound instruction is the most restrictive educational environment provided by the school district. Every effort must be made to maintain instruction in the school setting before selecting a homebound placement.

# Referral Procedure

## For General Education Students:

1. If a parent/guardian anticipates that their child will be absent more than 20 days due to significant Medical condition they may initiate a Homebound Services referral.
2. Referral forms may be obtained from school counselors and are also available on the DPS website on the Hospital School web page.

The referral packet consists of 5 sections: Overview, Parent Information, School Information, Physician's referral and Additional Information.

**Counselor Submits *completed* referral packet to the Hospital School.** Incomplete forms will delay the process. Occasionally additional information regarding the student's courses and assignments/testing will be required before the homebound teacher is assigned.

## Students Receiving Special Education Services:

Consideration by the IEP team to remove a student from school for a homebound placement should only occur when the nature and severity of the medical condition is such that education in the school setting cannot be safely achieved with the use of accommodations, modifications, and/or supplementary aids and services. Homebound instruction is the most restrictive educational environment provided by the school district. Every effort must be made to maintain instruction in the school setting before selecting a homebound placement.

### **Steps:**

IEP team determines if homebound services are appropriate.

***The Hospital School must be contacted in order for a Homebound representative to be present at the IEP meeting if it is anticipated that there may be a change to homebound instruction. If an IEP team determines that homebound instruction is the appropriate placement for a child and there is no Homebound representative at that meeting, then the team should reconvene with a Homebound representative present to discuss the details of the instructional services to be provided.*** The IEP team should determine the amount, frequency, and content of educational services that should be provided, and should establish a schedule for reconvening to review the homebound placement no less than once every thirty days. If related services are to be provided on homebound, the base school is responsible for coordinating the provision of those services.

*If services are deemed appropriate:*

- The IEP must be amended in an IEP meeting to appropriately reflect changes made to the setting and delivery of special education services.
- Homebound referral packet must be completed and submitted by the school counselor.

\* This procedure does not apply to EC students placed on homebound during a period of suspension or expulsion.

## **2017-2018 Referral: Homebound Services - Overview for Parent(s) & Student**

### **Requirements for the delivery of Homebound Services**

- 1. An adult, 18 years of age or older, must be present in the home for the duration of the homebound teacher's visitation.** This individual will be required to sign the Instructional Delivery log documenting the date and time of the visit.
- 2. Durham Public Schools teachers are guaranteed a safe, healthy and harassment-free instructional environment. A smoke, liquor, and drug free environment is expected in order to establish a positive instructional atmosphere for both the teacher and student.** When the teacher is present these conditions must be met or arrangements will be made for instruction to occur at a neutral location, such as the public library.
- 3. The Homebound teacher will not enter the home when the student or family member has a contagious disease.** It is the responsibility of the parent to notify the teacher of any contagious conditions.
- 4. Teachers may refuse to enter homes when pets are loose.** Pets are to be constrained to prevent distractions to the instructional environment.
- 5. Visitors, phone calls, television, radio** and other distractions that draw the attention of the student and teacher away from instruction will not be allowed in the area intended for instruction during the Homebound teachers' visits. Instructional time provided by the homebound teacher qualifies for attendance credit.
- 6. If the parent/guardian or student is not home when the Homebound teacher arrives for the scheduled visit, the student will be reported to the school as unexcused for that day.** Ten hours of unexcused instructional visits is cause for discontinuation of the services. Parents are asked to contact the Homebound teacher, in advance of the scheduled visit to excuse the student. Cancellations should be made 24 hours prior to the scheduled visit.
- 7. The Homebound teacher will, to the extent possible, follow the student's course of study and or IEP.** Teachers at the base school remain responsible for providing students unit study guides, assignments/materials and tests that enable the student to keep up with Homebound support, as is possible from the home. In some cases course changes may be required when students are expected to miss extended periods of instruction. Computer-based instruction may be considered by the school as an alternative to existing courses for secondary level students. Grades for all work completed by the student are assigned by the highly qualified teachers leading each course.
- 8. The student may not be employed or otherwise engaged outside the home, or participate in organized activities outside the home while receiving Homebound instruction.**

**I understand and accept these non-negotiable rules for the delivery of Homebound Instruction. I understand that failure to honor these rules is cause for temporary discontinuation of the services.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Parent Signature** **Date**



**2017-2018 Referral: PARENTAL STATEMENT** (Complete and return to Counselor)

Student Name: \_\_\_\_\_ **DOB** \_\_\_\_\_  
\_\_\_\_\_ **Male** \_\_\_\_\_ **Female**

Student receives special education services: \_\_\_\_\_ Yes \_\_\_\_\_ No

Reason for Requesting Homebound Instruction: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

**Address where services will be delivered:**

\_\_\_\_\_

**Phone Number for contacting the Parent/Guardian to schedule Homebound Instruction**

**Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
**Work:** \_\_\_\_\_ **Student Cell:** \_\_\_\_\_

**Alternate contact: Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I certify the information above is correct and authorize the release of any medical or psychological information necessary to process this referral including current treatment plans and the projected length of time out of school due to the medical condition. Please complete the **Consent for Release of Confidential Information** and return this form with the parents information page with the referral to the school.

**Parent/Guardian Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

*The instruction available to eligible students is dependent upon several factors: the age of the student, the grade of the student, anticipated duration of the absence from school, the nature of the identified health issues, and the instructional needs and courses in which the student is enrolled. It should be noted that some students require more in-home instructional support than others. The homebound teacher works with the student to determine what assistance is required and the amount of time needed to help maintain academic progress.*

*Computer-based instruction is an available option for some students and can be effective for students expected to miss extended days of school that exceed at least a grading period. While out of school students miss the classroom instruction as well as in-class discussion and opportunities for questions and re-teaching. Computer-based courses and online courses may be effective as an alternative to remaining enrolled in the traditional classroom course.*

## 2017-2018 Referral School Counselor

**Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Current GPA:** \_\_\_\_\_

**Attendance:** Days Present: \_\_\_\_\_ Days Absent: \_\_\_\_\_  
**Last Date Student Attended:** \_\_\_\_\_

**Section 504 Plan:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Current IEP:** Yes \_\_\_\_\_ No \_\_\_\_\_  
**Power School #** \_\_\_\_\_

**Please attach power school schedule and current grades.**

### Instructional Plan for Homebound Services

***\*\*If the student is at serious risk of failing particular courses - please indicate which other course(s) the homebound teacher should focus on to help the student capture the most credit(s) possible.***

1. Please indicate any online courses the student is taking and the school contact to coordinate homebound.
2. Have you contacted the Online Plato/NCVPS Online Learning Specialist for your school to enroll student?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Are assignments available for the homebound teacher to pick up in the guidance office? Yes \_\_\_ No \_\_\_
4. Describe plans discussed with the teacher(s) to support the student while out of school.

**Counselor's Name:** \_\_\_\_\_

**Office/Cell Phone#** \_\_\_\_\_



## Referral 2017-2018 Physician's Documentation

**Homebound instruction is designed to deliver temporary instructional support to students unable to continue attending school. The services are designed to offer instructional support for students actively participating in medical treatment. Services are available to students when a **medical necessity prohibits school attendance for extended periods of time. The referral must be renewed quarterly (every 9 weeks) and reflect the presence of ongoing treatment.** Confirmation is made with the referring medical provider overseeing the care to discuss the conditions of the absence and expected date of return to school. Partial school attendance is encouraged when possible to reduce the impact of extended absences on classroom performance.**

*The instruction available for students during homebound is dependent upon several factors. These factors include: the age of the student, the grade of the student, anticipated duration of the absence, the nature of the identified health issues, and the instructional needs and courses in which the student is enrolled. It should be noted that some students require more in-home instructional support than others. The homebound teacher works with the student to determine what assistance is required and the amount of time needed to help maintain academic progress.*

**Patient**

\_\_\_\_\_ **DOB** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

\_\_\_\_\_ **Due Date** \_\_\_\_\_

(Pregnancy)

**Is the condition contagious? Yes \_\_\_\_\_ No \_\_\_\_\_**

**What medical necessity prohibits total school attendance?** \_\_\_\_\_

**Is partial school attendance possible? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Please indicate the estimated duration of the school absence:**

**20-30 days \_\_\_\_\_ , 30-45 days \_\_\_\_\_ , 45-60 days \_\_\_\_\_**

**If the student's diagnosis is a mental disability contained within the Diagnostic and Statistical Manual of Mental Health Disorders, the Hospital School Principal will call to discuss available instructional strategies that may be considered to reduce the isolation of in home instruction.**

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Physician's Name (Printed)**

\_\_\_\_\_  
**Address:**

\_\_\_\_\_  
**Phone:**

\_\_\_\_\_  
**Fax:**

**Return the completed form to the DPS Hospital School Hospital: Fax (919) 684-5319 or to the Parent.**



**2017-2018 Referral: Additional Information/Approval**

**Please attach any additional information you feel is warranted to support the referral.**

***\*IEPs/504 plans must be included with referral.***

**Counselor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date Complete Packet Received **By Hospital School:**** \_\_\_\_\_

**Referral approved: Yes** \_\_\_\_\_

**Referral Returned for Questions: Date** \_\_\_\_\_

\*\*\*\*\*

**Hospital School Principal's Signature:** \_\_\_\_\_

**Homebound Teacher Assigned** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Return the completed referral packet to Sylvia Fuller via DPS courier or Fax at (919) 684-5319***





**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

**Information to be released by:**

Agency/School \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Name/Position \_\_\_\_\_

**Information to be released to:**

Agency/School Durham Public Schools Hospital School/Homebound Services

Address Duke South Box 3039, Durham, NC 27710

Telephone 919-684-5684 Fax 919-684-5319

Name/Position Kendra O’Neal - Principal/Sylvia Fuller – Hospital School Administrative Assistant

**Specific information to be released:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Unlimited disclosure      | <input type="checkbox"/> Vision testing / reports       | <input type="checkbox"/> Health / medical evaluations |
| <input type="checkbox"/> Hearing / Audiological    | <input type="checkbox"/> Social / developmental history | <input type="checkbox"/> ADHD / ADD screening reports |
| <input type="checkbox"/> Educational assessments   | <input type="checkbox"/> Exceptional Children’s records | <input type="checkbox"/> Speech/Language testing      |
| <input type="checkbox"/> Psychological evaluations | <input type="checkbox"/> Psychiatric evaluations        | <input type="checkbox"/> Other _____                  |

I give my permission for the information listed above to be released, regarding:

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*I understand that the agency/school receiving this information will be responsible for its continued confidentiality.

I also give my permission for the exchange of information (oral and/or written) between the above named individuals/agencies.

Signed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Circle) Parent / Legal Guardian / Surrogate Parent / Student over age 18

Witnessed by: \_\_\_\_\_ Position \_\_\_\_\_

This release is valid for one calendar year and can be revoked, in writing, at any time.