

# Homebound Instruction Operational Procedures

The Alamance-Burlington School System provides homebound instruction for any student that is expected to be confined for four weeks or longer at home for treatment or convalescence. The homebound instruction, based on the individual needs of the student, should be 3 – 5 hours per week.

## To request homebound instruction, the following forms are required:

1. General Education Homebound Services Request Form
2. Medical Document - A medical statement, **signed by a physician** must be completed.  
This statement should provide:
  - a specific description of the medical condition
  - date the confinement begins and the estimated date confinement will end
  - the anticipated length of time the student is expected to be unable to attend school, confirmation that student will be unable to attend classes for a minimum of four weeks
  - any physical or psychological limitations relevant to the educational plan
3. Parent Consent Form (Homebound teacher will complete)
4. Consent for Release of Confidential Information
5. Homebound Guidelines Form for Middle and High School Students (Homebound teacher will complete)

*All required forms are provided in this manual and available for copy from webpage ABSS Student Support Services webpage.*

## *Homebound Request and Assignment Procedures*

- **For medical and psychiatric referrals**, complete and send/fax the **ABEC 81** (Homebound Instruction Request Form) to the Director of Student Support Services. Copy of referral decision will be emailed to the school designee. (The designee shall be the individual who completed the referral form or someone designated by the principal to act as the designee.)
- A Homebound Teacher will then be assigned to the student.
- The Homebound Teacher will contact the student's parents/guardians. After contacting the parents, the Homebound Teacher will notify the Homebound Teacher Placement Coordinator to give her the expected schedule of services.

### **Program Parameters**

Definition: Any child, who is expected to be confined for four (4) weeks or longer to home for medical or psychological treatment, or for a period of recuperation, is eligible for this program.

### **Program Description**

The primary objective of the Homebound Program is to provide instructional services so that the student can return to school with the knowledge and skills sufficient to resume her/his previous academic programming.

### **Homebound Priorities**

- Accident Victims
- Surgery
- Extended Illnesses
- Pregnancy

### **Operational Procedures for Medical or Psychiatric Concerns**

When the principal or designee has identified a need and the physician's documentation has been received, a Homebound Teacher will be assigned contingent upon approval by the Director of Student Support Services. The following steps should be taken in registering students for the program:

- School designee should see that Homebound Instruction Services Request Form, Release of Confidential Information Form, and Homebound Instruction Medical Form are completed.
- Send these three forms to the Director of Student Support Services.
- The request will be approved or denied and the school designee will be notified.
- If student is approved for homebound: the designee should notify appropriate personnel at your school; administration, student's counselor, nurse, teachers, etc.
- The Homebound Teacher will get appropriate signatures on Parent/Guardian Consent form & the Guidelines for Student form and return to Coordinator.

## **School's Responsibility** **for Homebound Instruction Program**

- A. **School designee will refer students for homebound instruction using the appropriate homebound forms. Please provide the name and extension of each teacher.**
- B. **The school designee will contact each of the student's teachers to let them know they will need to give the homework to the school's homebound designee. This will be the contact person for the homebound teacher when they are ready to pick-up and drop-off homework.**
- C. **The designee will forward the Homebound Instruction Services Request Form, Release of Confidential Information, and the Homebound Instruction Medical Form to the Director of Student Support Services.**
- D. **A Homebound Teacher or Home School team of teachers will be assigned to work with the student when:**
  - the medical doctor places student on homebound for physical or emotional problems
  - the doctor orders bed rest during a pregnancy
  - the doctor recommends postpartum recovery
- E. **In the case of pregnancies, the school designee is to notify the Director of Student Support Services in advance of the student's due date. A teacher will then be assigned.**
- F. **The designee or appropriate teacher will assist the Homebound Teacher by providing:**
  - background information for appropriate continued instruction
  - description of courses being taught (see attached sheet)
  - books and materials to be used by the student and supplying the necessary textbooks and teacher editions or keys
  - weekly assignments for the student.
  - specific times for picking up weekly assignments which should be worked out between the school and Homebound Teacher

**\*Classroom teachers of the homebound student are responsible for all grading with verbal assistance from the Homebound Teacher.**

**\*School designee will discuss with parent and student the following:**

1. **Students who are receiving homebound instruction should not be engaging in recreational activities or employment that conflicts with the reason(s) for which homebound was approved. The school system reserves the right to deny or revoke homebound for students found to be capable of attending the regular school.**
2. **Advanced placement or honors classes may be changed to the college preparatory level for students on long-term homebound instruction and the school system may also reduce the number of courses presented via homebound instruction for students on long-term homebound instruction (12 weeks or greater) with extended approval.**

To be completed by school designee

Sent or faxed to Director of Student Support Services (336) 570-6078

Alamance-Burlington Schools 1712 Vaughn Road Burlington, NC 27217 Telephone: (336) 570-6060 Fax: (336) 570-6078

Homebound Instruction Services Request Form General Education or Non EC For Medical or Psychiatric Referrals

\_\_\_\_\_ is requesting permission to enroll (Name of School)

\_\_\_\_\_ in homebound services. (Name of Student)

Grade \_\_\_\_\_ Age \_\_\_\_\_ Ethnic Group \_\_\_\_\_ Gender M or F (circle one)

Counselor \_\_\_\_\_ Ext. \_\_\_\_\_

Teacher/Designee: Contact \_\_\_\_\_ Ph#) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime Phone (mom) \_\_\_\_\_ (dad) \_\_\_\_\_

Table with 2 columns: Subjects, Teacher/ Ext. (repeated twice)

Section 504 Student: Yes \_\_\_ or No \_\_\_

Reason for Request: (check one) Medical \_\_\_\_\_ Psychiatric \_\_\_\_\_

Other Information/Remarks \_\_\_\_\_

Copies of the Consent to Release Confidential Information and Medical/Psychiatric Documents are attached.

School Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

Date received by Director of Student Support Services \_\_\_\_\_ Approved \_\_\_ Yes \_\_\_ No \_\_\_



## Homebound Instruction Student and Parent/Guardian Consent Form

Date: \_\_\_\_\_

To: Parent/Student

Alamance-Burlington School System is pleased to provide homebound instruction for your child,

1. **A responsible adult must always be present in the home at the time of instruction.** Please work with the homebound teacher to set up a schedule so that a responsible adult is present in your home. You will also be required to sign the *Checklist (Assignment/Attendance)*, after each session.
2. Please provide a quiet work place, free from distractions of television and phone calls, where the teacher and student can work without interruption.
3. Your child should be home and ready to learn when the teacher arrives at the agreed upon days and times. **Always notify the teacher in advance if there is any reason why it is not possible to have a lesson.**
  - a. **If your child misses planned instruction two times**, the Homebound Teacher will notify the Homebound Coordinator.
  - b. The Homebound Coordinator will attempt to contact you to discuss the missed appointments.
  - c. **If your child misses planned instruction a third time**, instruction may be discontinued. The Homebound Coordinator will contact you and resumption of services will be determined on a case-by-case basis.
4. Please cooperate with the Homebound Teacher by seeing that your child does the daily assignments. This will help your child make progress.
5. In order for your child to receive homebound instruction, we must have a signed physician's statement, the school's recommendation, and a signed parental consent. The school system may deny homebound instruction if there is no evidence of treatment plan to resolve the medical condition.
6. Students who are receiving homebound instruction should not be engaging in recreational activities or employment that conflicts with the reason(s) for which homebound was approved. The school system reserves the right to deny or revoke homebound for students found to be capable of attending the regular school.
7. Advanced placement or honors classes may be changed to the college preparatory level for students on long-term homebound instruction and the school system may also reduce the number of courses presented via homebound instruction for students with extended approvals for homebound instruction (12 weeks or greater).

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Student's Signature

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

Home Phone: \_\_\_\_\_

Work Phone-Mom: \_\_\_\_\_

Work Phone-Dad: \_\_\_\_\_

Date and time services are to begin: \_\_\_\_\_

Anticipated date and time services are to end: \_\_\_\_\_

If you have any questions or concerns, please contact your homebound instructor or call the Homebound Teacher Placement Coordinator at 336-438-4000, ext. 20090.

*To be completed by the Homebound Teacher. Please return to the Homebound Coordinator.*

## Homebound Instruction Guidelines for Students

Dear \_\_\_\_\_

Welcome to The Alamance-Burlington School System Homebound Instruction program. To make sure that your experience is a successful one, certain guidelines must be followed. Please read the following information and sign the form.

1. Each assignment must have the date, the course, and your classroom teacher's name written on it.
2. When your teachers give you a deadline for an assignment, you must complete and submit the work on or before the deadline.
3. Failure to be available for homebound instruction unless you have an excused absence and have notified the Homebound Teacher **in advance** will be considered an unexcused absence.
4. Being on homebound instruction does not excuse you from completing the work that is assigned to you during this time. You must decide that you will keep up with your assignments so you will not fall behind.
5. If you do not understand an assignment or material, ask your Homebound Teacher for help. Ask for help when you need it.

I have read and will follow the Homebound Instruction Guidelines.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Alamance-Burlington Schools**  
**1712 Vaughn Road**  
**Burlington, NC 27217**  
**Telephone: (336) 570-6060 Fax: (336) 570-6078**

**Consent for Release of Confidential Information**

**Information to be released from:**

Agency/School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Name/Position: \_\_\_\_\_

**Information to be released to:**

Alamance-Burlington School System  
Student Support Services, Attention: Dr. LaJuana M. Norfleet  
1712 Vaughn Road, Burlington, NC 27217  
Telephone: 336-438-4140 Fax: 336-570-6078

**Specific information to be released:**

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

I give my permission for the information listed above regarding this student (FULL NAME) \_\_\_\_\_, DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ to be released as indicated. The purpose of exchanging this data shall be for education planning. I understand what information will be released, the purpose for the release of the information, and that there are statutes and regulations protecting the confidentiality of the information. I understand that the federal privacy law (45 CFR Part 164) protecting health information may not apply to the recipient of the information and therefore may not prohibit the recipient from re-disclosing it. I also understand that other laws may prohibit re-disclosure without consent of the student, parent(s), or legal guardian. I understand that students served shall receive appropriate services and continuity of care. In order to accomplish this, information may be shared in written and verbal forms between other agencies as deemed necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Circle One) Parent/Legal Guardian/Student over 18

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Date sent to Agency: \_\_\_\_\_ Date Records Received: \_\_\_\_\_  
Ending date of consent: \_\_\_\_\_

Permanently retain original signed copy in student's confidential folder.