

***HOMEBOUND SERVICES  
MANUAL***

*Onslow  
County  
Schools*

# ONslow COUNTY SCHOOLS

## Overview of Homebound Instruction

### Program Eligibility

Any student who (1) is expected to be confined *for four weeks or longer* at home or hospital for medical or psychological treatment or a period of recuperation or (2) for temporary placement by an IEP Committee with district administrative approval may be eligible for Homebound Instruction. Eligibility is determined on a case-by-case basis after a parent or team referral is made and relevant information is provided. Continued eligibility will be determined on a monthly basis.

### Program Objective

The primary objective of Homebound Instruction is to provide instructional services so that the student can return to school with the knowledge and skills sufficient to resume previous academic programming. Homebound Instruction can maintain access to a free and appropriate public education and ensure sufficient access to the curriculum. It is not intended to fully replace the regular or special education program.

### Homebound Priorities

Some of the many indications for Homebound Instruction include:

- ✓ Accidents or injuries
- ✓ Surgery
- ✓ Extended illnesses
- ✓ Pregnancy/child birth
- ✓ Mental Health

It is possible that referral for additional services may be made after a review of the information is conducted, including a referral for special education services, Section 504 plan, a Transitory Impairment Plan or a Health Plan.

### Amount of Services

Homebound Instruction typically lasts a *minimum of four weeks*. Approximately one to three (1-3) hours per week of direct instruction can be provided, depending on the needs of the student and the number of courses the student is enrolled in. Services are determined on a case-by-case basis with input from the school and with the approval of the District Homebound Coordinator.

### Homebound Instructors

Homebound instructors will be recommended by the school and approved by the District Homebound Coordinator and the Human Resources Department. Students who are in the exceptional children's program will receive services by an EC teacher. Depending on availability and student need, staff homebound teachers may provide services to EC students. Students not in the exceptional children's program should be assigned a regular education teacher. All attempts should be made to provide an instructor who teaches the student or is the case manager. Contracted individuals will receive \$20 per hour. Homebound Instructors will provide direct instruction during the tutoring sessions. Sessions can be held at a hospital, health care facility, public library, the home or other location as determined most appropriate in each situation.

### Discontinuation of Homebound Services

Homebound services can be discontinued when a student misses scheduled appointments or does not cooperate with the program. The Homebound Coordinator will contact the parent/guardian to notify them of possible discontinuation of services. Homebound services will be discontinued when the student returns to school. If a student is able to return to school earlier than anticipated, an amended medical order must be provided and/or the IEP team needs to amend the IEP.

### District Homebound Coordinator

The District Homebound Coordinator can be contacted for information or assistance with the program:

Misty Williams [misty.williams@onslow.k12.nc.us](mailto:misty.williams@onslow.k12.nc.us) 910-455-2211 ext. 20238

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## Operational Procedures and Responsibilities

Requests for Homebound Instruction are made by the parent/guardian(s) to the student's school designee or by an IEP Team for a temporary placement.

- ❖ After becoming aware for the need for Homebound Instructional Services, **the school principal/designee** will
  - Make sure all laws regarding services to exceptional children are followed if applicable.
  - Respond to parent request and submit required documentation to the district Homebound Coordinator.
- Required Documentation for Homebound Services**
  - ✓ Request for Homebound Services
  - ✓ Medical Information Form (licensed physician or licensed mental health professional completes) if applicable
  - ✓ Consent for Exchange of Confidential Information Form (parent completes)
  - ✓ Parent/Guardian and Student Consent Form (parent and student complete)
  - ✓ Transition plan for the student's return to school to include the student's return date or the day the student's placement will be reconsidered (school completes)
  - ✓ For students in the exceptional children's program, a copy of the DEC 4\* and DEC 5\* that shows the decision made by the IEP team regarding homebound services (IEP Team completes)
    - \*IEP goals and service delivery must reflect homebound services.
  - ✓ Checklist of required documentation for homebound services
- ❖ Upon receipt of the written homebound request and required documentation, the **District Homebound Coordinator** will
  - Notify the school designee of the referral decision.
  - Submit a request to hire to Human Resources if the services are contractual.
  - Notify the school designee once the teacher is approved to begin providing services.
  - Send a copy of the guidelines and the Homebound Manual to the Homebound Instructor.
  - Send the Homebound Instructor a timesheet and a service delivery log.
- ❖ Upon accepting the Homebound Instruction assignment, the **Homebound Instructor** will
  - Sign and return the guidelines for Homebound/Hospital Services.
  - Review the Homebound Manual to understand the responsibilities of all parties.
  - Make contact with the parent/guardian within 24 hours to set the time and location of services.
  - Contact the school designee to determine the areas of instruction and/or special needs.
  - Make contact with the student's current teachers.

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- ❖ As Homebound Instruction continues, the **school principal/designee** will
  - Notify the student's teacher(s) of record of the student's eligibility for Homebound Instruction and their responsibility to supply all tests, class work and homework.
  - Establish a school contact and location for work pick-up and drop-off.
  - Assist the Homebound Instructor by providing background information for appropriate continued instruction, description of courses to be taught, books and materials to be used by the student, and procedures for picking up weekly assignments and dropping off completed work.
  - Ensure that all state tests are administered within the testing window and according to state guidelines, with at least two staff members present during administration of state tests.
  - Ensure appropriate collaboration between the teacher(s) of record and the homebound instructor.
  - Work to transition the student back to school as quickly as medically/educationally possible.
  
- ❖ In the process of Homebound Instruction, the **classroom teacher(s)** of record will
  - Keep the student on the class roster.
  - Modify the student's work appropriately.
  - Provide work for the student.
  - Provide any needed equipment or materials for appropriate home assignments.
  - Give work to the school contact according to established timelines.
  - Grade work in a timely manner.
  - Support the student and homebound instructor in efforts to complete class/course requirements.
  - Maintain progress reporting timelines.
  - Monitor student grades, attendance, and testing requirements.
  - Support the student in transition back to the school setting.
  
- ❖ As Homebound Instruction continues, the **Homebound Instructor** will
  - Pick up and return assignments to the assigned teachers on a weekly basis.
  - Provide direct instruction to the student for the approved number of hours.
  - Maintain a service delivery log to be turned in monthly to the District Homebound Coordinator.
  - Maintain an accurate timesheet to be submitted on the last day of each month (with all required information including parent signature).
  - Support the student in transition back to the school setting.
  - Notify the school designee when services are complete.
  - Notify the District Homebound Coordinator when the student returns to school.
  - Return all school materials to the school designee.

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## Request for Homebound Services

Name of Student \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

School Homebound Contact \_\_\_\_\_

Parent Guardian(s) Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Numbers \_\_\_\_\_ Email \_\_\_\_\_

Subjects	Teacher/Room Number

This student has a **current** \_\_\_\_\_ IEP-Area of Eligibility \_\_\_\_\_ Case Manager \_\_\_\_\_  
\_\_\_\_\_ FBA/BIP  
\_\_\_\_\_ Related Services-List \_\_\_\_\_  
\_\_\_\_\_ Section 504 Plan-Case Manager \_\_\_\_\_  
\_\_\_\_\_ Transitory Impairment Plan-School Contact \_\_\_\_\_

Other Information/Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of School-Based Homebound Instructor Request \_\_\_\_\_

Frequency of Homebound Services \_\_\_\_\_

Is this a disciplinary change in placement? Yes No Explain: \_\_\_\_\_  
\_\_\_\_\_

**\*ATTACH a copy of the student's DEC 4 and DEC 5 (for EC students).**

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

\_\_\_\_\_  
Date

For Central Office Use Only	
Date received _____	Student will return to school on _____
This request is approved _____	Team will reconsider placement on _____
This request is denied _____	
Reason for denial _____	
Homebound Instructor _____	Start Date _____

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## Medical Information

To receive homebound services, a student must be **MEDICALLY UNABLE** to attend school for a minimum of 4 weeks or have a condition that may result in anticipated absences throughout the school year. *Thank you for assisting us in meeting the needs of this student.*

**MUST BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER:**

*Partially completed forms will not be accepted.*

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Name of Parent/Guardian(s) \_\_\_\_\_

Name of Licensed Health Care Provider \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Anticipated length of time away from school \_\_\_\_\_

Recommended Homebound Start Date \_\_\_\_\_ Estimated End Date \_\_\_\_\_

Diagnosis \_\_\_\_\_

Comments or restrictions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this student free of communicable diseases? (Circle One) Yes No/Explain: \_\_\_\_\_

\_\_\_\_\_

**I CERTIFY THAT THE ABOVE NAMED STUDENT IS MEDICALLY UNABLE TO ATTEND SCHOOL BECAUSE** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Licensed Healthcare Provider \_\_\_\_\_

Date \_\_\_\_\_

**RETURN THIS FORM TO SCHOOL PERSONNEL**

Name \_\_\_\_\_ Location \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

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## Parent/Guardian and Student Consent Form

Student Name \_\_\_\_\_

### **AS THE PARENT/GUARDIAN . . .**

1. I hereby give my consent for services to be provided.
2. I have signed the Consent for Exchange of Confidential Information form provided by Onslow County Schools.
3. I understand that a parent/guardian, or other responsible adult, must always be present during homebound sessions.
4. I will ensure my child will be ready to learn when the Homebound Instructor arrives at the agreed upon days and times.
5. I will provide a quiet work place, free from distractions of television and phone calls, where the homebound instructor and student can work without interruption.
6. I will sign the Homebound Instructor's timesheet and service delivery log at the end of the month.
7. I will notify the Homebound Instructor in advance if my child must miss a session and submit documentation to excuse the absence(s).
8. I understand that Homebound Services may be discontinued if my child does not attend scheduled sessions, does not cooperate with the instructor or does not complete assignments. (Resumption of services will be determined on a case-by-case basis.)
9. I understand that Homebound Services do not excuse my child from completing work or prevent him/her from failing. My child must complete the assigned work and meet course objectives to receive passing grades. I will ensure that my child completes the weekly assignments.
10. I will work to return my child to school as soon as possible.
11. If I have any questions or concerns, I will contact the school, the Homebound Instructor, or the District Homebound Coordinator, Misty Williams, (910)455-2211 ext. 20238.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### **AS THE STUDENT . . .**

1. I will complete the assignments by the due dates I am given.
2. I will write the date, the course and my classroom teacher's name on my assignments.
3. I understand that being on Homebound does not excuse me from completing the work that is assigned to me during this time.
4. I understand that I can still receive a failing grade if I do not complete assignments, do my best and take all tests required.
5. I will ask for help if I need it.
6. I will work to return to school as soon as possible.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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## Consent for Exchange of Confidential Information

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

**Information to be released by/to:**

Agencies/Schools/Persons: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Name/Position \_\_\_\_\_

**Information to be released to/by:**

Agencies/Schools/Persons: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Name/Position \_\_\_\_\_

**Specific Information to be released:**

<input type="checkbox"/> Information for determination of homebound services	<input type="checkbox"/> Social/developmental history
<input type="checkbox"/> Unlimited disclosure	<input type="checkbox"/> EC records
<input type="checkbox"/> Audiology records	<input type="checkbox"/> Medical evaluations
<input type="checkbox"/> Psychological report	<input type="checkbox"/> Health evaluations
<input type="checkbox"/> Educational evaluations	<input type="checkbox"/> ADHD reports
<input type="checkbox"/> Vision testing/reports	<input type="checkbox"/> Speech/language reports
<input type="checkbox"/> Academic records	<input type="checkbox"/> Current Medications
<input type="checkbox"/> Other _____	

I give my permission for the information listed above to be released as indicated. I understand that the purpose of the released information is for the provision of appropriate educational services for my child. I understand that the released information is protected under the Family Educational Rights and Privacy Act (FERPA) and that the agency/school/person(s) receiving the information will be responsible for its continued confidentiality. This release is valid for one (1) calendar year and can be revoked, in writing, at any time. I also give my permission for the exchange of information (oral and/or written) between the above named agencies/schools/persons.

Signature of Parent Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

For EC students, permission can be given only by the student's parent, surrogate parent or legal guardian. For non-EC students, permission can be given by the student's parent or DSS, if the student is in the custody of DSS. Any information exchanged is to be shared only between the above listed agencies/schools/persons.



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## Checklist of Required Documents

Student Name \_\_\_\_\_

\_\_\_\_\_ Request for Homebound Services (school completes)

\_\_\_\_\_ Medical Information Form if applicable (licensed physician or licensed mental health professional completes)

\_\_\_\_\_ Consent for Exchange of Confidential Information Form (parent completes)

\_\_\_\_\_ Parent/Guardian and Student Consent Form (parent and student complete)

\_\_\_\_\_ Transition plan for the student's return to school to include the student's return date or the day the student's placement will be reconsidered (school completes)

\_\_\_\_\_ For students in the exceptional children's program, a copy of the DEC 4\* and DEC 5\* that shows the decision made by the IEP team regarding homebound services (IEP team completes)

