

Covington County Schools

Homebound and Hospital Instruction Policy

Procedures

In accordance with School Board Policy, Covington County Schools provides homebound instruction as a service to students who are not able to attend school for medical and/or mental health reasons. If a student's anticipated duration of absence from school exceeds 4 weeks, the student will be eligible for services under the provisions of this policy.

Eligibility for homebound services requires that written documentation from a physician, psychiatrist or psychologist must be presented to Covington County Schools prior to consideration for services. In addition, a student may become eligible for homebound services based upon a finding by the appropriate Individualized Education Program (IEP) or 504 Team.

The purpose of homebound Instruction is to help students keep up with their work even though they are unable to attend school. IEP/504 teams may, in accordance with state and federal guidelines, remove a student from regular attendance and place them on homebound services.

Covington County Schools shall provide homebound instruction to students with and without disabilities. In accordance with appropriate state and federal provisions, CCS will provide homebound services based upon the following guidelines:

1. In the case of a student not otherwise in need of special education and related services or services under Section 504, homebound or hospitalized instruction shall maintain the continuity of the student's regular program. The requirements of IEP development or 504 Plan development shall not apply and a district level Homebound Services Committee shall coordinate services for the student based on his/her individual needs.
2. In the case of a student not previously receiving special education and related services or services under Section 504, an individualized education may apply if there is reason to believe that the student may continue to require special education or Section 504 services.
3. In the case of a child receiving special education and related services or services under Section 504, the IEP Team/504 Team shall, where necessary, modify the individualized education program and its instructional goals and objectives as necessary and in accordance with all state and federal provisions.

Adopted 3/8/16

Homebound Services Plan

1. Students without an IEP or 504 Plan.

- a) When it is anticipated that a student will be absent in excess of three weeks due to an illness or other temporary medical condition, the principal, school counselor, nurse or parent shall contact the Director of Instructional Support and Intervention.
- b) A **Homebound Services Referral Form** shall be forwarded to the parent and/or physician. A completed referral, including a parent signature and appropriate physician documentation is required prior to any homebound services beginning.
- c) Once the referral is completed, the District Homebound Services Committee shall meet and review the referral. The committee shall consist of the Principal, Special Education Coordinator, the Attendance and/or Curriculum Supervisor.
- d) If the committee approves the referral, the Special Education Coordinator shall complete a **Notice of Homebound Instruction** and forward copies to the parent, the principal of the child's school and any other individuals who may require a copy.
- e) A member of the committee will meet with the parent to provide copies of the two aforementioned documents and will also provide a copy of the district's **504 Parental Rights**. Homebound will be governed by a **Homebound Services Plan** which will fall under the procedural requirements of the district's Section 504 policy.
- f) The principal shall make arrangements with a teacher from the school who can deliver homebound services to the student. The teacher will complete a **Contract for Provision of Homebound Services** prior to delivery of any instructional services.

2. Students with an IEP or 504 Plan and/or those for whom it is anticipated that eligibility may occur due to the nature of the condition or illness.

- a) Students with, or anticipated to possibly have, a disability or handicapping condition will have their information reviewed by a school level IEP/504 team.
- b) All deliberations regarding students who are eligible, or anticipated to need evaluation to determine if they are eligible, under IDEA or Section 504 will follow district policies and procedures as well as all state and federal statutes.
- c) Change of placement requirements will apply to any student with disabilities who is placed on hospitalized or homebound instruction.

Location and Amount of Time

1. Homebound or hospitalized instruction shall take place under the following guidelines:

- a) A minimum of three (3) hours of instruction shall be provided for an initial period of time, not to exceed two weeks, in order to evaluate the level of need, ability to tolerate the workload and the appropriate type of instruction for each student. In addition, in limited instances where the IEP/504 committee deems three hours as the appropriate amount for a student with a disability, that amount may be provided for a longer duration.
- b) For students in grades K-6, barring other unforeseen circumstances to be evaluated by the district committee, no less than 4 hours per week shall be provided.
- c) For students in grades 7-12, barring other unforeseen circumstances, the amount of time will be at least 6 hours per week.
- d) When a student on homebound is able to participate in virtual instruction through ACCESS (or other similar programs), the direct homebound instruction requirement may be waived and a homebound teacher serving in the role of facilitator may contact the student from 1-3 hours per week, as determined by the parent and district committee.

Covington County Schools
807 C.C. Baker Avenue
Andalusia, AL 36421

Homebound Services Referral Form

Student's Name: _____ Date of Request: _____

School the Child Attends: _____ Current Grade Level: _____

Student's Address: _____

Student's Date of Birth: _____ Last Day Attended: _____

Parent/Guardian Name: _____

Anticipated Date of Return to School: _____

For Use by Physician

1. Diagnosis:

2. Estimated Duration: _____

3. Degree of Restriction:

- a. _____ Part-time attendance
- b. _____ Homebound Tutoring
- c. _____ Hospital Placement

4. Other Recommendations or Comments:

Date: _____

Physician Signature: _____

Printed Name: _____

Address: _____

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Notification of Homebound Instruction

Student's Name: _____ Date: _____

School the Child Attends: _____ Current Grade Level: _____

Student's Address: _____

Homebound Tutor: _____

Beginning Date for Homebound Instruction: _____

Anticipated Length of Homebound Instruction: _____

Student Academic Information

Course	Regular Teacher	Homebound Teacher	Hours per Week

Total Homebound Hours per Week _____

Signature: _____
Director of Special Education Services