

## CHAPTER 5

### 5.15 AFTER SCHOOL/HOME BOUND/HOSPITAL INSTRUCTION PROCEDURE (Revised 12-09-04) (Revised 08-12-14)

#### 5.15.1 Program Definition

Students who receive Home Bound instruction are students who, due to injury or for any other reason as certified by a licensed physician, are homebound for a period of three weeks or more.

#### 5.15.2 Eligibility Criteria

Documentation that a student meets one of the following criteria:

1. has an injury, communicable illness, or health condition which prevents him/her from attending school for a time that will interfere with the student's ability to master necessary skills, and that is diagnosed and confirmed by a licensed physician; or
2. has an injury or health problem/condition that requires the student to be homebound or hospitalized for a period that has lasted or will last more than three weeks as diagnosed and confirmed by a licensed physician.

#### 5.15.3 Special Considerations for Eligibility

1. A licensed physician must provide a written statement to the respective school that the student must remain at home or in the hospital for a period of three or more. The written statement must include:
  - a) The specific reason(s) why the student must remain at home or in the hospital.
  - b) The criteria or condition(s) under which the student can return to school, and the expected date of such return.
2. Students placed on extended home instruction shall submit a physician's statement of need for continued home instruction every semester.
3. The county school district may require that the parents obtain a second physician's opinion at the expense of the county school district.
4. Upon the school's receipt of a request from the parent/guardian of a student for homebound services for that student, the following procedures will be followed:

The parent will be requested to come to the school to meet with the homebound committee (guidance counselor, classroom teacher, and school principal or designee). The time and place of the homebound meeting is to be determined mutually by the

parent and school. At the homebound meeting:

- a. The parent will be given the following information:
    - 1) Explanation of Request for Home/Hospital Instruction  
It is the responsibility of the parent to deliver this form to the attending physician who will return it to the school in the self-addressed stamped envelope provided.
    - 2) Explanation of the Home/Hospital Instruction Information Sheet.
  - b. A school contact person will be designated.
  - c. The committee and the parent will discuss the best form of alternate education to be provided.
  - d. The committee will develop the After School/ Home Bound/ Hospital Instructional Program Plan.
5. After receipt of the completed Physicians Statement, on the Request for Home/Hospital Instruction form, and the signed Instructional Program Plan, the following procedures will be followed:
- a. The contact person will begin looking for teachers, if teachers are to be assigned. In the event the contact person is unable to locate a homebound teacher, the contact person shall notify the attendance office. The attendance office will assume the responsibility of finding a homebound teacher.
  - b. The contact person will call parents to inform them of the schedule of classes. The contact person will also forward copies of the completed Request for Homebound Services form and the Homebound Instruction Program Plan form to the Director of Attendance.
  - c. At this point the homebound instructor will assume responsibility for instructional program until return to normal classes.
  - d. The homebound instructor will submit his/her time and travel forms to the respective principal for his/her review and approval.
  - e. The principal will return the approved time and travel forms to the Attendance Director, on or before the 20th of each month.
  - f. All homebound time and travel forms must be signed and approved by the principal in order for payment to be initiated. Also, copies of the completed Request for Homebound Services, and Homebound Instruction Program Plan forms must be on file in the Attendance Director's office to initiate payment.

#### 5.15.4 Program Delivery

## 1. Instruction

- a. Home Bound instruction, provided for those regular education students who are unable to attend school for a period of time, is an extension of the regular school programs of study. The referral for 504 eligibility should be initiated.
- b. Home Bound instruction, provided for an exceptional student who is unable to attend school temporarily because of an injury, illness, or health condition, is an extension of the IEP.
- c. Home Bound teachers are responsible for providing instruction on content standards and objectives determined by the student's classroom teacher(s) and therefore, must be in regular contact with the classroom teacher(s).

### 5.15.4.1 Guidelines

1. Elementary students (K-6) enrolled in the homebound instruction program may receive up to four (4) hours instruction per week
2. Secondary students may receive up to three (3) hours of instruction per course per week, not to exceed four (4) subjects. Elective courses may be taught on homebound instruction, if feasible.
3. Any unresolved issue concerning implementation of these guidelines should be brought to the immediate attention of the school principal.

### 5.15.4.2 Schedule

1. Home Bound instruction may be provided at any time within the school calendar year.
2. The instructional schedule must be based upon the student's physical ability to attend/participate as specified by the physician who confirmed/diagnosed the injury or health problem/condition.
3. The time that instruction will be provided in the home is established by the teacher, the parent(s)/guardian(s), and when appropriate, county school district administrator.
4. Home Bound/Hospital instruction is provided at a time when a responsible adult is in the Home or Hospital.
5. The student's school shall provide the home instruction teacher the opportunity to meet with the student's teacher(s) and shall provide the county adopted textbooks, teacher's editions, materials, equipment and supplies the student requires to complete the student's programs of study.
6. The student's teacher(s) shall provide the home instruction teacher with copies of

daily lesson plans, including homework assignments, when requested.

#### **5.15.5 After School/Home Bound/Hospital Teacher Responsibilities**

The After School/Homebound/Hospital teacher is responsible for:

1. Making initial and continued contacts with school administrators, counselors, and teachers regarding student's progress.
2. Providing appropriate instruction each week in student's selected studies.
3. Evaluating student's performance and submitting grades to the classroom teacher(s) prior to the end of each grading period and upon student's return to school.
4. Maintaining accurate written student records of assignments and grades.
5. Submitting his/her time and travel forms to the respective principal for his/her review and approval. Time and travel forms must be signed and approved before payment can be initiated.
6. Any concern regarding homebound services should be brought immediately to the principal of the appropriate school.

#### **5.15.6 Classroom Teacher(s) Responsibilities**

The student's classroom teacher(s) responsibilities are:

1. Determining the instructional goals on which homebound instruction is to be based.
2. Providing the homebound teacher with tests, a copy of lesson plans, homework assignments, and worksheets which will be covered in class during the period of time the student will be receiving homebound when requested. An answer sheet for tests and assignments will also be provided.
3. Cooperating with the homebound teacher by meeting with him/her as necessary to discuss the child's progress.
4. Recording all grades in WVEIS.
5. Any concern regarding homebound services should be brought immediately to the principal of the appropriate school.

#### **5.15.7 Office of Attendance and Support Services Responsibilities**

1. Once the request for homebound instruction has been received, the Attendance Director shall be responsible for approving the request.
2. If the request is approved, the Principal shall assign a contact person, who shall recommend a homebound teacher.
3. The Attendance Director may require that the parents obtain a second opinion on the Request for Homebound Instruction, at the expense of the Board of Education.
4. The contact person, designated by the Principal, shall inform the parent(s) of the homebound schedule.

#### **5.15.8 Student Responsibilities**

1. A student enrolled in the Homebound Program is responsible for:
  - a. Completing all assignments,
  - b. Taking classroom examinations
  - c. Taking all required state testing
  - d. Fulfilling all course requirements as determined by the students instructional plan (i.e. MEP, IEP, or 504 Plan)
2. Upon fulfilling all requirements of the course for which the student is receiving homebound instruction, the student shall receive a letter grade and corresponding credit as if the course had been completed through regular school attendance.

#### **5.15.9 Parent Responsibilities**

1. Provide a safe, supervised, quiet and orderly environment appropriate for instruction.
2. Be on the premises, or arrange for another responsible adult to be on the premises, at all times during homebound instruction, except in cases of hospitalized students, or provide transportation to a facility providing after school/homebound services.
3. Work with the homebound teacher in scheduling time needed for the student to complete all work missed to receive a grade or credit.
4. Deliver to the licensed physician the form **Request for Homebound Services** and obtain required medical statements from attending physicians, if necessary.
5. Notify the home school two (2) days prior to the students returning to regular classes, to ensure a smooth transition.

6. Any concerns regarding homebound services should be brought immediately to the principal of the home school.

# MARSHALL COUNTY SCHOOLS HOMEBOUND MEDICAL FORM

## Requesting Home/Hospital Instruction

Tracy Mercer, Attendance Director - PO Box 758 Moundsville, WV 26041

Telephone: (304) 843-4400 ext. 345

FAX: (304) 843-4409

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### Part I -

Name of Child \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Center \_\_\_\_\_  
School Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Parent or Guardian \_\_\_\_\_  
Home Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Place of employment \_\_\_\_\_

### Part II - Physician

A licensed physician may recommend a student for homebound services if the diagnosis is such that a student is **housebound** and unable to participate in a regular day setting. The physician must be aware that homebound instruction is not equal to instruction in the school and is provided to help keep a student abreast of his/her studies until his/her return to school. According to §WV Code 126-42-6e home/hospital teachers are responsible for facilitating instruction on the **CORE COURSES** content standards and objectives as guided by the student's classroom teacher(s); consequently, the home/hospital teacher must in contact with the classroom teacher(s). Marshall County Schools will not send a teacher into the home except in the most extreme documented medical situations.

#### **The physician's procedures are as follows:**

1. The physician must complete a recommendation for services every nine weeks except for #4 below.
2. The physician must keep the student under medical care with a treatment plan that leads to the student's return to school.
3. Pregnancy is not a legitimate reason for homebound instruction unless there are medical complications and the student is physically unfit to attend school.
4. Students who are recommended for homebound instruction for emotional reasons must be receiving therapy a minimum of twice a month (under the direction of a psychiatrist) or by a licensed mental health professional. A treatment plan which leads to the student's return to school must be submitted (see Part III). A treatment plan review must be completed every 90 days.
5. A physician's recommendation for services will be reviewed by a review team (Part IV). The team may recommend a second opinion.
6. Physicians may be contacted by the school for further information.
7. Physicians must provide the student with a release (Part III) before the student will be permitted to return to school.

#### **PHYSICIAN'S INSTRUCTION INFORMATION**

1. Diagnosis \_\_\_\_\_
2. Is this student **totally housebound**? \_\_\_\_\_  
**Note:** If a student **not totally housebound**, then alternative educational plans may be implemented by the school (i.e., a reduced day/centralized location, etc.).
3. Plan of care for medical and pregnancy requests: \_\_\_\_\_
4. Psychological requests – Must be completed by a psychiatrist. Please refer to Part II & III.
5. When will the student be able to begin instruction? \_\_\_\_\_
6. Date student may return to school? \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

Physician's Signature

Physician's Typed Name

Phone Number

Address

**PART III**

Name of Student \_\_\_\_\_ is released to return to school as of (date)

\_\_\_\_\_ This student has been seen on the following dates in my office for treatment: 1. \_\_\_\_\_ 2. \_\_\_\_\_ for the month of \_\_\_\_\_. I (do/do not) wish for \_\_\_\_\_ to continue with homebound services for another month. I understand that this student will need to be seen on a (CIRCLE ONE) biweekly/weekly/monthly or other \_\_\_\_\_ basis until they can be released to return to school and that a copy of this form will need to be completed monthly until the student returns to school.

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

Address \_\_\_\_\_

Phone \_\_\_\_\_

**PART IV – REVIEW TEAM**

Please check one:

\_\_\_\_\_ We recommend services be authorized as requested.  
 \_\_\_\_\_ We recommend that Marshall County Schools request a second opinion.

Original Review Team Signatures: (Administrator and Nurses)

\_\_\_\_\_  
 Administrator / Date

\_\_\_\_\_  
 Nurse / Date

\_\_\_\_\_  
 Administrator / Date

\_\_\_\_\_  
 Nurse / Date

Additional Individuals / Reviews:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Parents: Please copy this form as needed if your child is to remain under Part III)

Marshall County Board of Education, PO Box 578 Moundsville, WV 26041  
 Tracy Mercer, Attendance Director



**MARSHALL COUNTY SCHOOLS****AFTER SCHOOL/HOME BOUND/HOSPITAL INSTRUCTION PARENT/STUDENT INFORMATION SHEET**

The After School/Home Bound/Hospital program of Marshall County Schools shall provide education services to any individual who suffers from temporary or serious health problems and/or health related problems.” \*It is the hope of homebound instruction, through providing a continuation of education, to return the individual to a more normal education situation when possible.

**EDUCATIONAL RESPONSIBILITIES:** The homebound instruction your child will receive will include:

1. Elementary students (K-6) enrolled in the homebound instruction program may receive up to four (4) hours instruction per week.  
Secondary students may receive up to three (3) hours of instruction per course, per week, not to exceed four (4) subjects. Elective courses may be taught on homebound instruction, if feasible.
2. An educational program under the supervision of a certified teacher.
3. A program of instruction that we feel will best meet your child’s needs.
4. Any concern regarding homebound services should be brought immediately to the principal of the appropriate school.

**STUDENT/PARENT RESPONSIBILITIES:**

1. After the initial homebound committee meeting, it is the parent’s responsibility to supply the school with the completed physician’s statement. Upon receipt of the physician’s statement, the school will commence implementing homebound procedures. Instruction will begin a minimum of one week after receipt of physician’s statement. During the interim the parent shall request student’s homework from classroom teachers.
2. Although grading policy will be established by homebound and regular classroom instructor, it is the responsibility of the student to meet the requirements of each subject. Upon return to normal classes, the student/parent must consult his/her subject teacher to determine grade/credit status.
3. A responsible adult shall be in the home during the time a teacher is present for instruction.
4. A parent needs to call the contact person at least two days prior to the student’s return to regular classes to insure a smooth transition.
5. Because a homebound student is not receiving regular, daily classroom instruction, and therefore not subject to daily school attendance, it is absolutely necessary that he/she meet all requirements of his/her homebound program to receive the best education possible.

**MARSHALL COUNTY SCHOOLS**

Addendum C

**AFTER SCHOOL/HOME BOUND/HOSPITAL INSTRUCTION PROGRAM PLAN**

Student's

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

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

Subjects Requested

Alternate (i.e. laboratory experiences):

_____	_____
_____	_____
_____	_____
_____	_____

Other Requests (i.e. extra-curricular activities):

_____
_____
_____
_____
_____

Proposed Educational Plan and Schedule: (Refer to MEP, 504, IEP)

_____
_____
_____
_____

Grading: \_\_\_\_\_

_____
_____

Committee Members Attending:

Name	Signature
Contact Person at School Site:	Projected Re-entry Date:

**MARSHALL COUNTY SCHOOLS****Addendum D****AFTER SCHOOL/HOME BOUND/HOSPITAL INSTRUCTION TEACHER INFORMATION SHEET**

As a homebound instructor providing a continuing education to a student unable to attend school, please follow these guidelines to insure the continuance of the student's education while on homebound and to assist in a smooth transition back to the normal classroom at the completion of his/her Home Bound instruction.

1. Travel and Pay Vouchers: may be picked up from the main office at your school. These must be verified, signed by the school principal, and returned to the County Office before the 20th of each month.
2. Grading Policy:
  - A. Before contacting the homebound student, contact his/her grading teacher(s) to determine grading policy and/or possible teaching program. On the first meeting with the student, inform him/her of grading policy and attendance. Make him/her aware of his/her responsibilities of meeting your grading policies. Please give the student information as to how to reach you.
  - B. You are responsible for the student's report card while he/she is receiving homebound instruction. Grades must be given to the home school by the last day of the grading period.
3. Teaching Time:
  - A. Elementary students (K-6) enrolled in the homebound instruction program may receive up to four (4) hours instruction per week.
  - B. Secondary students may receive up to three (3) hours of instruction per course per week, not to exceed four (4) subjects. Elective courses may be taught on homebound instruction, if feasible.
  - C. Any unresolved issue concerning implementation of these guidelines should be brought to the immediate attention of the school principal.
4. Student/Parent Contact:
 

Please call the parent to set up meeting time for your classes. Parents are aware that an adult must be present in the home during all class sessions.

MARSHALL COUNTY SCHOOLS

Addendum E

AFTER SCHOOL/HOME BOUND/HOSPITALIZED INSTRUCTION TEACHER PAY VOUCHER\_\_\_\_\_  
School\_\_\_\_\_  
Principal's Signature

Pupil's Name: \_\_\_\_\_

Pupil's Grade in School: \_\_\_\_\_

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

E: Expected Completion: \_\_\_\_\_

ALL REPORTS ARE DUE AT THE COUNTY OFFICE ON THE 20TH OF EACH MONTH**TEACHING SCHEDULE**

SUBJECTS TAUGHT	DAY OF INSTRUCTION	HOURS OF INSTRUCTION
TOTAL HOURS		

I hereby certify that I taught the Homebound Child whose name appears above. My salary due this month for Home Instruction is \$ \_\_\_\_\_, \_\_\_\_\_ hours @ **\$20.00** per hour.

**AFFIDAVIT**

STATE OF WEST VIRGINIA, COUNTY OF \_\_\_\_\_ to wit: I, \_\_\_\_\_, hereby certify that this statistical report, including total of expense account for the month is correct. I further certify that all records have been accurately kept.

\_\_\_\_\_  
Social Security Number\_\_\_\_\_  
Signed (Teacher)Special Education Code: \_\_\_\_\_Regular Education Code: \_\_\_\_\_

