

**JACKSON COUNTY PUBLIC SCHOOLS**

**HOMEBOUND/HOSPITAL PROGRAM SERVICES & PROCEDURES**

• PROGRAM PARAMETERS

Eligible students are expected to be confined for a minimum of four (4) weeks to a hospital or to the home due to a medical issue. Medical documentation from a Physician should accompany the school's request and parental consent. The primary purpose is to maintain access to a free and appropriate public education and to ensure access to the curriculum.

• PROGRAM DESCRIPTION

The Homebound/Hospital Program provides tutorial/instructional services so that the student can return to school with knowledge and skills to maintain his or her previous level of academic performance. All students, to the extent that they are unable to attend school, may receive the one-on-one services at local hospitals, in their homes, or at an agreed upon public setting.

• EXAMPLES OF SITUATIONS THAT ENTITLE STUDENTS TO RECEIVE SERVICES

1. Accident Victims
2. Surgery
3. Extended Illness
4. Pregnancy (Normal pregnancy may not reflect the need of Homebound/Hospital services unless there are complicating or extenuating medical conditions. This is also applicable during the postpartum period.)

• OPERATIONAL PROCEDURES

The following steps should be used to support the Homebound/Hospital referral process:

1. A parent or other person makes a request at the school for Homebound/Hospital services.
2. School-level personnel provide information and share the Homebound/Hospital forms accordingly.
3. Forms to be completed:
  - a. School Request form
  - b. Parent Request and Consent form
  - c. Medical Information form
4. The three (3) completed forms should be sent to:

**Jackson County Public Schools, 398 Hospital Road, Sylva, NC 28779.**

5. Director of Student Support Services approves or denies the request, establishes Homebound Instructor to provide service and the start date.
6. For students with an Individualized Education Program (IEP) or a 504 Plan, the respective teams should be included and the new service schedule should be documented on the plans.

• SERVICES

1. Homebound Instructors should request the school to indicate specific objectives, competencies, and performance indicators to be used during the period of confinement. The Principal of the school should determine and/or resolve any discrepancy concerning the content, courses, credits, and/or curriculum to be provided or counted.
2. Homebound Instructors should have the same access to texts, resources and instructional materials as any other teacher employed by the same LEA.
3. When objectives, competencies, and performance indicators provided by the sending/home school are used by certificated personnel, grades given and assignments completed should be accepted as appropriate indicators of student achievement.
4. All students served as Homebound/Hospital are to be counted **present** at school. Therefore, no absence code should be used. **Until Homebound/Hospital services are actually delivered, the student should be coded as lawfully absent from school.**
5. The Homebound/Hospital Administrator will determine service start dates and the Homebound Instructor will inform appropriate school personnel when service ends.

• CLASSROOM TEACHER

1. Keeps students on class roster.
2. Develops plans, instructions, and reasonable amount of work.
3. Grades student work, answers questions, and assists students.
4. Has assignments on day, time, and place designated by principal.

• HOMEBOUND INSTRUCTOR

1. Works up to (6) hours per week with student (mileage reimbursement is allowable).
2. Explains work, answers questions, and assists student.
3. Does not prepare assignments or issue grades.
4. Has access to instructional texts, manuals, and guides.

BECAUSE STUDENTS ON HOMEBOUND/HOSPITAL STUDY ARE NOT IN THE CLASSROOM, IT IS NOT LOGICAL TO ASSUME THAT THEY CAN HANDLE THE EXACT WORKLOAD THAT IS GIVEN IN CLASS. THEREFORE, CARE SHOULD BE PROVIDED WHEN MAKING DECISIONS ON ASSIGNMENTS & CREDIT EARNED.

• PROCEDURES FOR CHILDREN WHO DO NOT QUALIFY

1. Director of Student Support Services/Director of Title I will inform the Principal and provide a reason why Homebound/Hospital services were denied.
2. Principal or designee will inform the parent of the disposition.
3. Schools should arrange to send work home for students absent less than four weeks.
4. Please note normal pregnancy and postpartum do not reflect a need for homebound service and should require less than four weeks of absence, unless medical complications arise.

Jackson County Public Schools  
HOMEBOUND/HOSPITAL PROGRAM

**SCHOOL REQUEST FORM**  
**(Accompanies the Parent Request and Consent form and the Medical Information form)**

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

\_\_\_\_\_ in the Homebound/Hospital  
Program  
(Student Name)  
Program.

Attached to this request are the required documents:

- Parent/Student contact information
- Student course schedule and current teachers of record

The primary reason for the request is due to \_\_\_\_\_

\_\_\_\_\_  
*Social Worker's Signature* *Date*

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

**RETURN FORMS TO:**

**Jackson County Public Schools- 398 Hospital Rd. – Sylva, NC 28779 – 828-586-5751 (fax)**

Attn: Kelly Doppke, Director of Student Support Services

\*\*\*\*\* **FOR CENTRAL OFFICE** \*\*\*\*\*

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

\_\_\_\_\_ Request has been approved.

\_\_\_\_\_ Request has been denied.

\_\_\_\_\_ Request insufficient information to make decision

**Jackson County Public Schools  
HOMEBOUND/HOSPITAL PROGRAM**

**PARENT REQUEST AND CONSENT FORM**

(Accompanies the School Request Form and Medical Information Form)

Dear Parent(s):

The Jackson County Public Schools Homebound/Hospital Program provides tutorial-instructional services for students expected to be confined for a minimum of four (4) weeks to a hospital and/or to the home due to a medical issue. All students, to the extent that they are unable to attend school, may receive services at local hospitals, in their homes, or at an agreed upon public setting. A physician must certify the medical issue by completing the Medical Information form. The primary purpose of Homebound/Hospital services is to support the student who is unable to attend school and to ensure continued access to the curriculum.

If Homebound/Hospital services are approved, it is required that the parent or another adult be present in the home during instruction. The Homebound Instructor will also need your cooperation for scheduling since we often serve many students at once. Finally, it is important to provide a quiet area free from distraction. Please understand that services are limited to 6 hours per week. Jackson County Public Schools wants to assist your child during this time of need. If you have questions, you may speak to the school's social worker, the school principal, or call Kelly Doppke 828-586-2311 (ext. 1928).

Please complete the following and sign below to acknowledge your receipt of this information and/or to apply for Homebound/Hospital Program services:

I agree to the above conditions, give consent, and request that my child, \_\_\_\_\_ receive the services of the Homebound/Hospital Program as soon as arrangements can be made.

\_\_\_\_\_  
*Signature of Parent or Guardian Date*

Print Name of Parent/Guardian: \_\_\_\_\_

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

Phone Numbers: \_\_\_\_\_

To apply for Homebound/Hospital Program services, please submit this completed Parent Request and Consent form, along with the Medical Information form (completed and signed by the child's physician) and the School Request form (completed and signed by the school's social worker and principal) to Jackson County Public Schools. All three forms should be sent or delivered to:

**Jackson County Public Schools - 398 Hospital Road - Sylva, NC 28779 - (828) 586-5751 (Fax)**

ATTN: Kelly Doppke, Director Student Support Services

Jackson County Public Schools  
HOMEBOUND/HOSPITAL PROGRAM

MEDICAL INFORMATION FORM  
(Accompanies the School Request form and the Parent Request and Consent form)

Student/Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_\_\_ Parent or Guardian: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

TO BE COMPLETED ONLY BY THE PHYSICIAN:

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

Is this child free from communicable disease? Yes / No

Is Homebound/Hospital instruction recommended? Yes / No

If so, please explain why this child cannot attend school:

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

Does the student have physical limitations? Yes / No (if yes please explain)

\_\_\_\_\_

Estimate the amount of time that this student will be confined to the home/hospital for the stated medical reason: \_\_\_\_\_

To the best of your ability: (All confinements must be reevaluated every 30 days)

Please provide a specific date that the confinement will begin: \_\_\_/\_\_\_/\_\_\_\_\_

Please provide a specific date that the confinement will end: \_\_\_/\_\_\_/\_\_\_\_\_

\_\_\_\_\_

Physician's Name (printed)

Physician's Signature

Physician's Phone Number

RETURN FORMS TO: Kelly Doppke, Director of Student Support Services, Jackson County Public Schools - 398 Hospital Road - Sylva, NC 28779 - (828)586-2311

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

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

Approved: yes / No

HOMEBOUND ADMINISTRATOR'S SIGNATURE

DATE