

# **CALCASIEU PARISH SCHOOL BOARD**

## **HOSPITAL/HOMEBOUND PROGRAM**

### **POLICIES AND PROCEDURES**

#### **Committee Members**

**James Spruel, Jr., Calcasieu Parish School Board General Counsel**  
**Denise Maddox, Co-Chair, Hospital/Homebound Special Education/Itinerant Teacher**  
**Sandra Tarou, Co-Chair, Hospital/Homebound Regular Education/Site Based Teacher**  
**Beth Aron, Hospital/Homebound Regular Education Elementary/Middle Teacher**  
**Maurice Mueschke, Hospital/Homebound Regular Education High School Teacher**  
**Natasha Piert, Hospital/Homebound Special Education Elementary Teacher**  
**Anne Rush, Hospital/Homebound High School Teacher**  
**Patrick Savant, Hospital/Homebound High School Teacher**  
**Connie Briley, Hospital/Homebound Clerk**

**August 2006**

## TABLE OF CONTENTS

	Preface .....	iv-vii
	Introduction .....	viii
	Mission Statement .....	ix
	Hospital/Homebound Program Overview .....	x
<b>A.</b>	<b>Hospital/Homebound Policies .....</b>	<b>A-1</b>
	Criteria for Eligibility of All Hospital/Homebound Students .....	A-2
	Criteria for Eligibility of the Sick and Injured Student .....	A-2
	Criteria for Eligibility of the Emotional /Psychological Student .....	A-2
	Criteria for Eligibility of the SAM (School Age Mothers) Student .....	A-3
	Criteria for Eligibility of the Harbour House Student .....	A-3
	Criteria for Eligibility of the Juvenile Detention Center Student .....	A-3
	Criteria for Eligibility of Boys and Girls Village Student .....	A-3
	Student Classification Overview .....	A-4-6
	Hospital/Homebound Rules and Regulations for Parents, Students, and Teachers .....	A-7
	Hospital/Homebound Teacher Policies .....	A-8-10
	Attendance .....	A-11
	Grading/Assignment Policy .....	A-12
	Special Assignments/Projects .....	A-12
	LEAP Testing.....	A-13
	Graduation Procedure of Hospital/Homebound Student.....	A-13
<b>B.</b>	<b>Hospital/Homebound Procedures .....</b>	<b>B-1</b>
	Application for Entering the Hospital/Homebound Program .....	B-2-3
	Caseload of Hospital/Homebound Teacher .....	B-4
	Assignment Procedures .....	B-5
	Documentation of Hospital/Homebound Teacher Visitation .....	B-6
	Grade Book .....	B-6
	Transitional Period From Hospital/Homebound Program to Full Time Attendance in School .....	B-6
	Procedure for Release from the Hospital/Homebound Program .....	B-7-8
	In-service for New Teachers .....	B-9
	Ongoing Training of Hospital/Homebound Teachers .....	B-9
<b>C.</b>	<b>Hospital/Homebound Responsibilities of Personnel and Participants .....</b>	<b>C-1</b>
	Supervisor of Hospital/Homebound .....	C-2
	Hospital/Homebound Clerk .....	C-3
	School Principal .....	C-4
	School Counselor .....	C-5
	Regular Education Classroom Teacher .....	C-6
	Special Education Classroom Teacher .....	C-7
	Officially Designated Representative .....	C-8
	Pupil Appraisal Representative .....	C-9
	Hospital/Homebound IEP/IAP Teacher .....	C-10-11
	Hospital/Homebound Lead Teacher .....	C-12
	Hospital/Homebound Teacher .....	C-13
	Parents .....	C-14
	Student .....	C-15

<b>D.</b>	<b>Forms .....</b>	<b>D-1</b>
	Application for Hospital/Homebound Services - Form HHB 00.....	D-2
	Hospital/Homebound Parent Letter for Physical Illness or Injury - Form HHB 01A.....	D-3
	Hospital Homebound Physician Verification Form for Physical Illness or Injury - Form HHB 02A .....	D-4
	Hospital/Homebound Referral for Temporary Placement for Physical Illness or Injury - Form HHB 03A .....	D-5
	Hospital/Homebound Parent Letter for Psychological Condition - Form HHB 01B.....	D-6
	Hospital/Homebound Psychiatrist/Psychologist Verification Form - Form HHB 02B .....	D-7
	Hospital/Homebound Referral for Temporary Placement for Psychological Condition - Form HHB 03B.....	D-8
	School Age Mothers (SAM) Program Parent Letter - Form HHB 01C.....	D-9
	School Age Mothers (SAM) Program Physician Verification Form – Form HHB 02C.....	D-10
	School Age Mothers (SAM) Program Referral for Temporary Placement for Pregnancy with Complications – Form HHB 03C.....	D-11
	Hospital/Homebound Reciprocal Release of Information – Form HHB 04.....	D-12
	IEP Team Reference List for Special Education Students Referred to Hospital/Homebound for Behavioral/Discipline Reasons – Form HHB 05.....	D-13
	Hospital/Homebound Disqualification Letter – Form HHB 06.....	D-14
	Hospital/Homebound Initial Parent Notification Letter of Student Release Date from the Hospital/Homebound Program – Form HHB 07.....	D-15
	Hospital/Homebound Update Parent Notification Letter of Student Release Date from the Hospital/Homebound Program – Form HHB 07A.....	D-16
	Hospital/Homebound School Counselor Letter – Form HHB 08.....	D-17
	Hospital/Homebound Elementary/Middle Assignment Request – Form HHB 09.....	D-18
	Hospital/Homebound Update Elementary/Middle Assignment Request – Form HHB 09A..	D-19
	Hospital/Homebound High School Assignment Request – Form HHB 10.....	D-20
	Hospital/Homebound Update High School Assignment Request – Form HHB 10A.....	D-21
	Review Form for Possible Hospital/Homebound Placement – Form HHB 11 .....	D-22
	Hospital/Homebound Modified Student Schedule – Form HHB 12 .....	D-23
	Hospital/Homebound Rules and Regulations for Parents, Student, and Teacher – Form HHB 13 .....	D-24
	Checklist of IEP Team Invitees When Considering Hospital/Homebound Placement for Special Education Students – Form HHB 14.....	D-25
	Checklist of 504 IAP Team Invitees When Considering Hospital/Homebound Placement for Regular Education Students- Form HHB 15 .....	D-26
	Hospital/Homebound Absentee Letter to Parent – Form HHB 16.....	D-27
	Calcasieu Parish Student Attendance Sheet – Form HHB 16A.....	D-28
	Hospital/Homebound Teacher’s Attendance and Grade Report – Form HHB 17.....	D-29
	Hospital/Homebound Data Sheet for Official Release of Student – Form HHB 18.....	D-30
	Hospital/Homebound Time Sheet – Form HHB 19.....	D-31
	Hospital/Homebound Running Record – Form HHB 20 .....	D-32
	Hospital/Homebound Grade Book Cover Page – Form HHB 21.....	D-33
	Hospital/Homebound Grade Sheet – Form HHB 22 .....	D-34
	Hospital/Homebound Grade Book Legend – Form HHB 22A.....	D-35
	Hospital/Homebound Grade Book Student Lesson Plan/Assignment Sheet – Form HHB 23..	D-36
	Hospital/Homebound Letterhead .....	D-37
<b>E.</b>	<b>School Counselor Packet .....</b>	<b>E-1</b>
	Hospital/Homebound Referral for Physical Illness or Injury.....	E-2
	Hospital/Homebound Referral Forms for Physical Illness or Injury.....	E-3 – 9
	Hospital/Homebound Referral for Psychological Condition .....	E-10
	Hospital/Homebound Referral Forms for Psychological Condition.....	E-11-17
	School Age Mothers (SAM) Referral for Pregnancy with Complications.....	E-18
	SAM Referral Forms for Pregnancy with Complications.....	E-19-25

# **PREFACE FROM THE CALCASIEU PARISH SCHOOL SYSTEM HOSPITAL/HOMEBOUND POLICIES AND PROCEDURES MANUAL COMMITTEE**

Barbara I. Bankens, Administrative Director, Assessment, Research, Special Services and Accountability, recognized the need several years ago to update, revise, and add to the Calcasieu Parish School System Hospital/Homebound Policies and Procedures. This recognition came, in part, from the observation and experience of a national and state reform movement in public education. That movement produced rapid changes in many of our district and school policies, procedures, program settings, and accountability. Updating hospital/homebound policies, procedures and forms became a major goal of the administrative director, since the last revision to those policies and procedures had occurred in March 1980.

A group of hospital/homebound teachers began revision work as a summer project in 2001, and they selected two of their members to serve as committee co-chairs. Hospital/Homebound teachers conducted extensive research on the internet, through correspondence and telephone calls in their attempts to find quality literature on hospital/homebound policies, procedures, and programs. Their search yielded extremely limited information and nothing that could be identified as a model hospital/homebound program. They did find one publication that offered information on hospital/homebound legal cases within the United States.<sup>1</sup> They spoke with the publication author by telephone, but he could offer them no additional literature references.

On September 30 and October 1, 2004, a two-day Total Quality in Education in-service for the entire Department of Assessment, Research, Special Services, and Accountability was conducted by Jim Shipley at the Lake Charles Civic Center and funded with IDEA funds. Mr. Shipley returned to Calcasieu on October 28, 2004 to assist the various groups within the

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## **HOSPITAL/HOMEBOUND PROGRAM**

### **POLICIES AND PROCEDURES**

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**August 2006**

department with refinement of their Quality deployment plans which they had begun in the two-day workshop. Hospital/Homebound staff chose the update of department policies, procedures, and forms as the focal point and major action step of their deployment plan, but they had several questions of a legal nature.

A large ad hoc committee of teachers was delegated to meet with legal counsel for the Calcasieu Parish School Board, James Spruel, Jr. That committee consisted of volunteers and some appointees so as to insure representation of all segments of the hospital/homebound program. Legal counsel concurred in the need to revise hospital/homebound policies, procedures, and forms. Legal counsel further identified the immediate need to place revisions into our daily hospital/homebound program practices to comply with federal and state law.

Calcasieu Quality mentors, Missy Bushnell and Lorette Bass, then facilitated completion of the Quality deployment plan assignment with the hospital/homebound staff. Most hospital/homebound teachers embraced the Baldrige concept and worked well on the hospital/homebound Total Quality Plan as a group.

Mr. Shipley advised staff they should appoint a working committee of six to eight persons to serve as the revision writing team. Mrs. Ollie Johnson and Mr. Jimmy Noblit, Supervisors of Special Education, appointed the following committee of seven hospital/homebound teachers, representative of regular and special education elementary, middle, and high school itinerant and site-based teachers in the Calcasieu hospital/homebound department, plus the one hospital/homebound secretary, with the original co-chairs maintaining those positions:

Sandy Tarou, Zero Tolerance/Detention Center Teacher, Co-Chair<sup>2</sup>  
Denise Maddox, Itinerant High School Special Education Teacher, Co-Chair  
Beth Aron, Itinerant Elementary/Middle School Regular Education Teacher  
Natasha Piert, Itinerant Elementary/Middle School Special Education Teacher  
Anne Rush, School Age Mothers (SAM) Teacher  
Patrick Savant, Itinerant High School English, Social Studies, and French Teacher

Maurice Mueschke, Itinerant High School Mathematics Teacher  
Connie Briley, Hospital/Homebound Secretary

Next, Administrative Director Bankens contracted with Tom Hatfield to serve as outside consultant to facilitate the writing of the revised hospital/homebound policies, procedures, and forms. Mr. Hatfield is employed as Quality Coordinator by PPG Industries. He trained and facilitated our local school board's Goals Committee and administrative staff in setting, evaluating, and revising SMART goals for our school district for several years.

Mr. Hatfield facilitated the work of the revision writing team. Mr. Spruel provided ongoing legal guidance to Mr. Hatfield, committee members, and administrative and supervisory staff throughout the revision writing project.

The committee obtained input from many stakeholders throughout the project including school counselors, principals, classroom teachers, school nurses, pupil appraisal staff, special education staff, speech therapy staff, curriculum and instruction staff, 504 coordinators, child welfare and attendance staff, school test coordinators, and Louisiana Department of Education staff members from the Division of Special Populations, the Division of Alternative Schools and Programs, the Division of Data Management, the Division of Student Standards and Assessments, the Division of Teacher Standards, Assessment, and Certification, and the Legal Division.<sup>3</sup> Additionally, some of the hospital/homebound committee members and legal counsel attended a state workshop in Spring 2006 on 504 and Special Education Law as related to least restrictive and more restrictive environment issues. The workshop was conducted by members of the Louisiana legal community involved in school law. The Calcasieu delegation asked questions related to specific local hospital/homebound issues and received definitive responses which they used in their committee work. Assistant District Attorney Spruel also conferred on some specific local 504 and special education hospital/homebound issues with fellow members of the national legal community involved in school law.

The committee recognizes that this manual is only a beginning and not a final product; in fact, the site-based programs operated within the hospital/homebound department have been given limited attention in this document. This manual, after board approval, shall be subjected to ongoing annual review. The goal of annual review shall be to provide and maintain a tool that enables the hospital/homebound department to prevent students from falling behind in their schoolwork while they are ill or otherwise unable to attend school for an extended period of time.

This Calcasieu Parish Hospital/Homebound Policies and Procedures Manual is the work product of many individuals. Committee members extend appreciation to all persons who invested in the development of this manual in any way. They give special thanks to James Spruel, Jr., Calcasieu Parish Assistant District Attorney and legal counsel to the Calcasieu Parish School Board, for his numerous hours of legal research, review, and guidance.

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<sup>1</sup> Graff, Hans P., Esq. Homebound Services under the IDEA and Section 504: An Overview of Legal Issues. Horsham, Pennsylvania 19044: LRP Publications, 2004.

<sup>2</sup> Sandy Tarou retired at the end of the 2005 – 2006 school session. Maurice Mueschke was appointed to replace Ms. Tarou as Co-Chair of the Hospital/Homebound Policies and Procedures Committee.

<sup>3</sup> The Louisiana Department of Education reorganized and renamed some of the department divisions cited in this document during the 2005 – 2006 fiscal year.



**INTRODUCTION**

**TO**

**HOSPITAL/HOMEBOUND**

**CALCASIEU PARISH SCHOOL BOARD**

**HOSPITAL/HOMEBOUND PROGRAM**

**MISSION STATEMENT**

**In order to maintain and/or improve positive student performance, Hospital/Homebound teachers will provide quality individual academic instruction to students outside the regular school setting.**

## **HOSPITAL/HOMEBOUND PROGRAM OVERVIEW**

According to Louisiana Department of Education Hospital/Homebound Guidelines (BESE Policy – Bulletin 741) a student who is enrolled in regular or special education and who, as a result of health care treatment, physical illness, accident, or the treatment thereof, is temporarily unable to attend school, shall be provided instructional services in the home or hospital environment. Homebound instruction shall be provided by, a properly certified teacher, on the 11th school day following an absence of more than ten (10) consecutive school days for a qualifying illness.

The Calcasieu Parish School System's Hospital/Homebound Program provides itinerant services in the home and hospital and also provides services at the following sites: Christus/St. Patrick Hospital (SAM Program), Harbour House, the Calcasieu Parish Juvenile Detention Center, and Boys and Girls Village. Services are provided to students in the Hospital/Homebound Itinerant and SAM Programs within the framework of the IDEA and Section 504.

A student referred to Hospital/Homebound may be classified a Regular Education Student, a 504 Student, or a Special Education Student. A student is not considered for placement in the Hospital/Homebound Program until all required forms, properly completed, and any other requested information have been received by the Hospital/Homebound Department. After receipt of this information a determination is made on whether the student meets eligibility criteria. If eligibility criteria are met, a representative of the Hospital/Homebound Department will set up an IEP or SBLC meeting. If eligibility criteria are not met, the student/parent will be notified in writing along with the home-based school and the designated supervisors for the home-based school.

**POLICIES**  
**OF**  
**HOSPITAL/HOMEBOUND**  
**PROGRAM**

### **Eligibility Criteria of All Hospital/Homebound Students**

- The student must be enrolled in a Calcasieu Parish public school and has missed ten (10) consecutive school days, or, is expected to miss, ten (10) or more consecutive school days.
- Necessary or required medical information must be received.
- Students must be free of infectious or communicable diseases. If the student is not free of such disease, other appropriate instructional arrangements must be made by the Hospital/Homebound teacher.
- Parent/guardian and student must sign Hospital/Homebound Rules and Regulations Form (Form HHB 13), and a Reciprocal Release of Information Form (Form HHB 04). All completed and signed forms must be returned to the Discipline LRE/MRE Specialist's office.

### **Eligibility Criteria of the Sick and Injured Student**

- A licensed physician submits Hospital/Homebound Referral for Temporary Placement for Physical Illness or Injury (Form HHB 03A), completed and signed with the physician's original signature and the Hospital/Homebound Physician Verification Form for Physical Illness or Injury (Form HHB 02A), for physical illness or injury.
- The student is expected to be at home or hospitalized and under appropriate medical care.
- The illness or injury must be acute or chronic in nature.
- The student must meet eligibility criteria for all hospital/homebound students as listed above.
- The parent/student provides the hospital/homebound teacher with an Update of Hospital/Homebound Referral for Temporary Placement for Physical Illness or Injury (Form HHB 03A), and an Update of Hospital/Homebound Physician Verification Form for Physical Illness or Injury (Form HHB 02A), which is obtained during each physician visit (minimum of one per six weeks period).

### **Eligibility Criteria of the Emotional/Psychological Student**

- A licensed clinical psychologist, licensed psychiatrist, or licensed clinical social worker submits Hospital/Homebound Referral for Temporary Placement for Psychological Condition (Form HHB 03B), completed and signed with the appropriate professional's original signature, and the Hospital/Homebound Psychiatrist/Psychologist Verification Form (Form HHB 02B), for psychological condition.
- The student must meet eligibility criteria for all hospital/homebound students as listed above.
- The parent/student provides the hospital/homebound teacher with an Update of Hospital/Homebound Referral for Temporary Placement for Psychological Condition (Form HHB 03B), and an Update of the Hospital/Homebound Psychiatrist/Psychologist Verification Form (Form HHB 02B), which is obtained during each visit (minimum of one per six weeks).

### **Eligibility Criteria of the SAM (School Age Mothers) Student**

- A licensed physician completes School Age Mothers (SAM) Program Referral for Temporary Placement for Pregnancy with Complications, (Form HHB 03C), completed and signed with the physician's original signature and School Age Mothers (SAM) Program Physician Verification Form, (Form HHB 02C).
- Criteria for Eligibility of all Hospital/Homebound, or
- Criteria for Eligibility of Sick and Injured, or
- Criteria for Eligibility of Emotional/Psychological Student,
- Student must be enrolled in a Calcasieu Parish School.

### **Eligibility Criteria of the Harbour House Student**

- A student is served at the Harbour House when placed there by private placement, Child Protection, foster care, other child care agencies, law enforcement agencies, or the courts and meets the criteria as listed above in Criteria for Eligibility for All Hospital Homebound Students, for Sick and Injured Students, or for Emotional/Psychological Students.
- The maximum time a student may be placed in Harbour House is 105 days as determined by Harbour House policy.
- Student must be enrolled in a Calcasieu Parish School.

### **Eligibility Criteria of the Juvenile Detention Center Student**

- A student is eligible for the Hospital/Homebound Program and served at the Juvenile Detention Center when the student is placed in the detention center by a probation officer, law enforcement, or a court order.
- Student must be enrolled in a Calcasieu Parish school.

### **Eligibility Criteria of Boys and Girls Village Student**

- The transitional program at Boys and Girls Village provides instruction to elementary, middle, and high school students who have been admitted to residency status at Boys and Girls Village.
- Student must be enrolled in a Calcasieu Parish school.

## STUDENT CLASSIFICATION OVERVIEW

According to Bulletin 741, a student who is enrolled in regular or special education and who-as a result of health care treatment, physical illness, accident, or the treatment thereof – is temporarily unable to attend school, shall be provided instructional services in the home or hospital environment. (Hospital/Homebound Instruction).

Placement in the Hospital/Homebound Program for all students must be made by the IEP or SBLC Committee. Regular education or 504 students will be placed on a temporary Individual Accommodation Plan (IAP) once it is determined Hospital/Homebound is the proper placement. Special Education students' IEPs will be reviewed to determine if Hospital/Homebound placement is appropriate. All students placed in the Hospital/Homebound Program will be classified as temporary 504, 504, or Special Education.

Prior to all Hospital/Homebound Placements through the temporary 504 or the IEP, a meeting will be set with the parent/student, home-based school personnel, the Hospital/Homebound IEP/IAP Teacher, and any other appropriate school personnel.

The following procedures shall govern the placement of a student in the Hospital/Homebound Program: (Also, see Application for Entering Hospital/Homebound Program)

- A **Regular Education** student who has been absent or is expected to be absent for ten (10) consecutive school days for a qualifying illness:
  - Immediately upon the counselor determining that the home-based school may not be able to accommodate the needs of the student, the counselor shall provide a Hospital/Homebound Packet to the student/parent to be turned into the Hospital/Homebound Department.
  - The student shall be referred for review by the SBLC to determine the need for referral for Section 504 services if the student has not been previously identified as a student with a disability.
  - Prior to the SBLC referring a student for placement in the Hospital/Homebound Program, a determination must be made as to whether Section 504 services and/or accommodations can be provided at the home-based school.
  - If the SBLC determines that the section 504 services and/or accommodations can not be provided at the home-based school, the school counselor is to provide the student with a Hospital/Homebound Packet and inform the student/parent of Hospital/Homebound Services.
- A **504** student who has been absent or is expected to be absent for ten consecutive school days for a qualifying illness:
  - Immediately upon the counselor determining that the home-based school may not be able to accommodate the needs of the student, the counselor shall provide a Hospital/Homebound Packet to the student/parent to be turned into the Hospital/Homebound Department.
  - The student's SBLC shall be convened to determine the need for further accommodations or Special Education referral.
  - For behavioral disability all appropriate guidelines should be followed at the home-based school prior to Hospital/Homebound placement.

- If the SBLC determines that the section 504 services and/or accommodations cannot be provided at the home-based school, the school counselor is to provide the student with a Hospital/Homebound Packet and inform the student/parent of Hospital/Homebound Services.
- **A Special Education student who has been absent or is expected to be absent for ten (10) consecutive school days for a qualifying illness:**
  - The student's IEP shall be reviewed to determine need for further accommodations.
    - If it appears Hospital/Homebound placement is to be considered, the home-based school shall contact the Hospital/Homebound IEP/IAP Teacher to be in attendance at the IEP meeting.
  - The IEP team will determine appropriate placement, but prior to considering placement in the Hospital/Homebound Program the IEP will determine whether identified accommodations can be made at the home-based school.
    - If the student's behavior is of such nature that with accommodations at school, the student's needs can not be met and the IEP, Health Care Plan, and/or Behavior Management Plan have been implemented, revisited, and modified, the Special Education Program Facilitator or Special Education Supervisor shall refer the student for Hospital/Homebound using the IEP Team Reference List for Special Education Referred to Hospital/Homebound for Behavior/Discipline Reasons, (Form HHB 05).
  - All direct and related services, including Assistive Technology, Speech, Occupational Therapy, Physical Therapy, Adapted Physical Education, Vision Impaired, Hearing Impaired, and Behavior Intervention Team are to continue during Hospital/Homebound Placement unless the IEP team determines that the services are not needed during Hospital/Homebound placement. If services are continued, progress reports shall be furnished by the service provider(s) to the special education teacher both at the home-based school and in the Hospital/Homebound Program at the end of each six week grading period.

The following procedures shall govern the release from the Hospital/Homebound Program due to medical improvement or the lapse of prescribed time. (Also, see Procedure for Release from the Hospital/Homebound Program)

- **Regular Education Student returning from Hospital/Homebound Placement**
  - The SBLC will convene to determine if accommodations need to continue. This should be documented on an SBLC meeting form.
    - If it is determined that the student is no longer in need of accommodations, then all forms will be placed in the student's cumulative folder.
    - If it is determined that the student is still in need of accommodations, then the SBLC should convene to begin the 504 screening process.



- **504 Student returning from Hospital/Homebound Placement**
  - The SBLC will convene to determine if the temporary 504 accommodations need to continue. This shall be documented on an SBLC meeting form.
    - If it is determined that the student is no longer in need of the accommodations on the temporary 504, then the temporary 504 is to be filed in the cumulative folder and the 504 from the school revised/continued.
    - If it is determined that the student is still in need of accommodations, then the school 504 should reflect the new needed accommodations.
- **Special Education Student returning from Hospital/Homebound Placement**
  - The IEP Team will convene to determine placement.
    - If it is determined that the student should return to school, then adjustments should be made on the IEP to reflect this change in placement, such as adjustments to time, continuum, and any other changes needed to reflect return to school.
    - If it is determined that the student should not return to school, then the Hospital/Homebound Department should be contacted immediately. The IEP team should set a date to reconvene when the Hospital/Homebound IEP/IAP Teacher can be in attendance. The student/parent may be asked to provide more medical/ psychological information.



## **HOSPITAL/HOMEBOUND TEACHER POLICIES**

1. The Hospital/Homebound teachers are housed in the Department of Special Services at the Mossville facility.
2. Hospital/Homebound teachers are to schedule students for instruction from 8:00 AM to 3:30 PM and are to be present at Mossville when not providing instruction.
3. Hospital/Homebound teachers are to staff new students at a designated time with the majority of the teachers present. Students are assigned to teachers based on teacher certification area, grade level experience, and teacher caseload. Hospital/Homebound staffing contact person must turn in staffing results to the Hospital/Homebound secretary. The lead teacher assigned to the student is to be the official record keeper.
4. Hospital/Homebound teachers are to turn in a schedule of students each week to the Hospital/homebound secretary.
5. Classes cancelled by the Hospital/Homebound teacher are to be reported to the Hospital/Homebound secretary and should be rescheduled.
6. Hospital/Homebound teachers may use the telephone with students for purposes of clarification, but not in lieu of a scheduled class.
7. Hospital/Homebound teachers are to schedule students so there will be minimal travel between each student. Travel between student locations is not to be counted as instructional time. Travel to work at the beginning of the day and travel from work at the end of the day is not part of the instructional day.
8. Hospital/Homebound teachers may have forty-five (45) minutes for lunch.
9. Once a Hospital/Homebound teacher has received a student assignment, "Responsibilities of the Hospital/Homebound Teacher" will be followed.
10. A request for a change in class subjects must be approved by the school counselor or principal. The Hospital/Homebound IEP/IAP should reflect any change in class subjects, change in hospital/homebound schedule, and any other change to the student's educational environment or placement.
11. The IEP/IAP teacher must turn in a copy of the IEP/IAP to the Hospital/Homebound secretary.
12. Hospital/Homebound teachers must have the time sheet, (Form HHB 19), for parent or responsible adult signed each time they meet with the student.
13. Hospital/Homebound teachers may acquire special education textbooks and materials from the Calcasieu Resource Center through the appointed special education teacher representative. Hospital/Homebound teachers may acquire regular education textbooks and materials from the Calcasieu Book Depository through an appointed hospital/homebound teacher representative (elementary/secondary). All textbooks will be housed in Hospital/Homebound Department and should be checked in/out with proper documentation. Only textbooks are to be checked out. Teacher materials, including workbooks, are to be duplicated and returned to the designated area the same day.

14. Hospital/Homebound teachers must use the Calcasieu Parish grading scale. Hospital/Homebound teachers must keep attendance, all grades, and documentation of modifications/accommodations in an approved grade book. Grade books are to be kept on file in a designated place in the Hospital/Homebound Department at the end of each school year (with all grades and modifications/accommodations and absences recorded).
15. Lesson plans must be written for all students based on the assignments received from the classroom teacher. Lessons are taught in accordance with the LA Benchmarks and Standards and Grade Level Expectations (GLE) based on the assignments received from the classroom teacher. Keep these on file.
16. Hospital/Homebound teachers are requested to reserve Friday afternoons for meetings with their supervisor. Friday mornings may be used for instruction, if necessary.
17. Hospital/Homebound teachers are expected to follow the proper chain of command, to keep accurate mileage records, and to promptly turn in all requested paperwork (i.e. grades, absences, releases, schedules, IEP/IAPs, etc.)
18. Hospital/Homebound teachers must report their personal absences to the office of the Discipline LRE/MRE Specialist after 7:45 AM or prior to such.
19. All technological equipment must be checked out through the Special Education Technology Department with approval from the Discipline LRE/MRE Specialist.
20. Hospital/Homebound teachers must keep a folder with the following information for every student assigned to them:
  - a) Copy of IEP/IAP.
  - b) Hospital/Homebound Application (Form HHB 00).
  - c) Hospital/Homebound Referral for Temporary Placement for Physical Illness or Injury, (Form HHB 03A), or Hospital/Homebound Referral for Temporary Placement for Psychological Condition, (Form HHB 03B), or School Age Mothers (SAM) Program Referral for Temporary Placement for Pregnancy with Complications, (Form HHB03C);
  - d) Hospital/Homebound Assignment Request Form and Updates (HHB Form/s 09, 09A, 10, 10A)
  - e) Hospital/Homebound Physician Verification Form for Physical Illness or Injury, (HHBForm 02A), or Hospital/Homebound Referral Psychiatrist/Psychologist Verification Form for Psychological Condition, (Form HHB 02B), or School Age Mothers (SAM) Program Physician Verification for Pregnancy with Complications, (Form HHB 02C);
  - f) Hospital/Homebound Initial Parent Notification of Student Expected Release Date from the Hospital/Homebound Program Form and Update, (Form HHB 07, 07A);
  - g) Hospital/Homebound Review Form for Hospital/Homebound Placement, (Form HHB 11);
  - h) Hospital/Homebound Modified Schedule, (Form HHB 12);
  - i) Hospital/Homebound School Counselor Letter, (Form HHB 08);
  - j) Hospital/Homebound Reciprocal Release of Information, (Form HHB 04);
  - k) Hospital/Homebound Absentee Letter, (Form HHB 16);
  - l) Hospital/Homebound Attendance and Grade Report, (Form HHB 17);
  - m) Hospital/Homebound Data Sheet for Release of Student, (Form HHB 18);
  - n) Hospital/Homebound Time Sheet, (Form HHB 19);
  - o) Hospital Homebound Running Record (Form HHB 20);
  - p) Hospital/Homebound Rules and Regulations for Parents, Student, and Teachers (Form HHB 13).

21. Each Hospital/Homebound teacher is evaluated on an on-going basis by their supervisor according to Calcasieu Parish School Board Policy. Evaluations are based on some or all of the following:
- a) The actual student progress during his/her stay in the Hospital/Homebound Program and their level of performance with respect to his/her condition and/or their fulfilling their responsibilities as a Hospital/Homebound student.
  - b) The actual performance of the teacher with the students including lesson plan development and implementation. The supervisor may schedule a class visit to observe teacher performance. Parental comments may be taken into consideration.
  - c) The teacher's overall attitude toward the children, parents, schools in general, each other, the administrative staff and his/her ability to deal with these individuals in a professional manner.
  - d) The degree and manner in which the Hospital/Homebound teacher has followed the Policies and Procedures of the Hospital/Homebound Program, in particular and Calcasieu Parish School System in general.
  - e) The reporting to the supervisor, with proper documentation, of student or parent failure to follow Hospital/Homebound regulations.
  - f) The manner in which Hospital/Homebound teachers follow the rules and regulations of the facility in which they are housed.

23. Any exceptions to the above policies must be approved in writing by the Discipline LRE/MRE Specialist.

These policies are to assist the Hospital/Homebound teachers in carrying out their responsibilities and are intended to make the program more effective and efficient.

My signature verifies that I have read the above twenty-three (22) sections.

\_\_\_\_\_  
Signature of Hospital/Homebound Teacher

\_\_\_\_\_  
Date

Copy: Discipline LRE/MRE Specialist  
Hospital/Homebound Teacher

## ATTENDANCE

According to Calcasieu Parish School Board Policies and Procedures (File JB-Attendance), elementary and secondary students shall be present the minimum number of days as required by the State Board of Elementary and Secondary Education and enumerated in the Louisiana Handbook for School Administrators, Bulletin 741, to receive credit for courses taken. Currently, high school students shall be in attendance a minimum of eighty (80) days per semester, and elementary students must be in attendance a minimum of one hundred sixty (160) days per school year in order to receive credit for courses taken. Exception can be made only in the event of extended personal illness verified by a physician/medical record or if other extenuating circumstances exist and are approved by the Supervisor of Child Welfare and Attendance in consultation with the school principal. Exception may also be made for schools operating on other than the traditional 182-day school calendar.

Since Hospital/Homebound is an exception to the traditional 182-day school calendar, according to Bulletin 741, the Hospital/Homebound student would be considered in attendance in the following ways:

- Half-day attendance – A student is considered to be in attendance for one-half day when he or she is physically present at a school site or is participating in class with authorized personnel for more than 25% but not more than half (26% - 50%) of the student's instructional day.
- Whole-day attendance – A student is considered to be in attendance for a whole day when he or she is physically present at a school site or is participating in class with authorized school personnel for more than 50% (51% - 100%) of the student's instructional day.

**The instructional day for students placed in the Hospital/Homebound Program, shall be determined at the initial meeting based on student need, subject area, and student progress in the general curriculum.**

Bulletin 741 and Calcasieu Parish School Board Policies and Procedures extend the definition for attendance to hospital/homebound students. Consequently, a hospital/homebound student shall meet the requirements stipulated therein for daily attendance and receipt of credit. A hospital/homebound student shall meet his/her scheduled classes and have a parent/responsible adult present, or face possible loss of credit under these policies.

Attendance of hospital/homebound students shall be recorded in the hospital/homebound teacher's grade book as per Calcasieu Parish School Board policy. Absences shall be reported to the Hospital/Homebound Lead Teacher using the Weekly Absentee Form (Form HHB 16A). After a student has been absent for a total of two (2) classes, the Lead Teacher will forward absences to the Discipline LRE/MRE Specialist. The Discipline LRE/MRE Specialist will review the absences and send the Absentee Form Letter (HHB 16) to the parent, school counselor, and the Office of Child Welfare and Attendance, if deemed necessary by the Discipline LRE/MRE Specialist.

Attendance will also be reflected on the Hospital/Homebound Teacher's Attendance and Grade Report (HHB 17) which will be faxed to the school counselor each six weeks and upon the student's release from the Hospital/Homebound Program. It is the school's ongoing responsibility to record absences from the Hospital/Homebound Program.

## **Grading/Assignment Policy**

All grading/assignment policies will be in accordance with Calcasieu Parish Pupil Progression Plan, as approved by the Calcasieu Parish School Board.

The teachers employed in the Hospital/Homebound Program are:

- certified by the Louisiana State Department of Education;
- responsible for all assignments as reflected on Hospital/Homebound Assignment Request Forms HHB 09, 09A, 10, 10A provided for the student at the time the student is enrolled in the Hospital/Homebound Program. Assignment requests should be provided within the time designated.
- responsible for following Calcasieu Parish Grading Policy; and
- responsible for issuing all grades and submitting them each six weeks to the Discipline LRE/MRE Specialist and to the school counselor on the Hospital/Homebound Teacher's Attendance and Grade Report (Form HHB 17). If the student is released during the six weeks, the hospital/homebound teacher uses the Hospital/Homebound Data Sheet for Release of Students (Form HHB 18).

### **Special Assignments/Projects**

- As requested on Hospital/Homebound Assignment Request Form HHB 09, 09A, 10, 10A, the hospital/homebound teacher cooperates with the classroom teacher by assisting the students in completing assignments and projects required by the classroom teacher, the school, or by the Louisiana State Department of Education to fulfill credit requirements of certain courses.
- All special materials needed for assignments and answer keys must be supplied by the classroom teacher to the hospital/homebound teacher for use with the hospital/homebound student.
- Upon returning to school, the student should not be required to make-up any classroom assignments or tests given during the time the student was enrolled in the Hospital/Homebound Program.
- Hospital/Homebound sessions will not be used to assist the hospital/homebound student in completing classroom assignments that were assigned before the student was placed on the Hospital/Homebound Program, unless approved by the Discipline LRE/MRE Specialist.
- If a student returns to school before the end of the six weeks period, the existing hospital/homebound grades will be recorded on Hospital/Homebound Data Sheet for Release of Students (Form HHB 18) as partial grades for that particular six weeks period. The submitted grades are to be used by the classroom teacher and must be included in averaging the student's final grade for that specific grading period.

## **LEAP Testing**

LEAP testing of Hospital/Homebound students will be in accordance with duly adopted policies of the Calcasieu Parish School Board.

## **Graduation Procedure of Hospital/Homebound Student**

Graduation requirements for students in Hospital/Homebound Program are in accordance with the regulations as set forth in Calcasieu Parish School Board policy.

The hospital/homebound student is responsible for all home based school graduation procedures and requirements. The student should work with his/her home based school counselor and principal to complete all requirements for graduation.



# **HOSPITAL/HOMEBOUND PROCEDURES**

## Application for Entering the Hospital/Homebound Program

- Students must be registered and eligible to attend a Calcasieu Parish public school. Private school students are not eligible for services from the Hospital/Homebound Program.
- A student is eligible for Hospital/Homebound instruction on the 11<sup>th</sup> school day following an absence of ten (10) consecutive school days.
- The home-based school counselor will complete the Hospital/Homebound Application, (Form HHB 00), and fax it to the Hospital/Homebound Clerk at 337-217.4301.
- The home-based school counselor shall determine the appropriate Hospital/Homebound Packet to be provided to the parent. The counselor will make this determination based upon whether the student is alleged to have (1) physical illness or injury, (2) psychological condition, or (3) pregnancy with complications.
- Each Hospital/Homebound Packet will contain the appropriate forms as determined by the reason for the referral.

**The Hospital/Homebound Packet for Medical Referral shall contain the following:**

- (1) Hospital/Homebound Parent Letter for Physical Illness or Injury, (Form HHB 01A);
- (2) Hospital/Homebound Physician Verification for Physical Illness or Injury, (Form HHB 02A); and
- (3) Hospital/Homebound Referral Form for Temporary Placement for Physical Illness or Injury, (Form HHB 03A).

**The Hospital/Homebound Packet for Psychological Condition shall contain the following:**

- (1) Hospital/Homebound Parent Letter for Psychological Condition, (Form HHB 01B);
- (2) Hospital/Homebound Physician Verification for Psychological Condition, (Form HHB 02B);
- (3) Hospital/Homebound Referral Form for Temporary Placement for Psychological Condition, (Form HHB 03B).

**The Hospital/Homebound Packet for Pregnancy with Complications shall contain the following:**

- (1) School Age Mothers (SAM) Program Parent Letter for Pregnancy with Complications, (Form HHB 01C);
- (2) School Age Mothers (SAM) Program Physician Verification Form, (Form HHB 02C);
- (3) School Age Mothers (SAM) Program Referral for Temporary Placement for Pregnancy with Complications, (Form HHB 03C)

Each Hospital/Homebound Packet, regardless of the reason for referral, shall contain the following forms:

- (4) Completed copy of the Homebound Application, (Form HHB 00),
  - (5) Responsibilities of the Parent,
  - (6) Responsibilities of the Student, and
  - (7) Reciprocal Release of Information, (Form HHB 04).
- Upon completion, the Hospital/Homebound Packet should be faxed to the Hospital/Homebound Clerk at 337-217.4301.

- For medical referrals, the referral must be made by a licensed medical physician. For psychological referrals, the referral must be made by a licensed psychiatrist, a licensed clinical social worker, or a licensed clinical psychologist. No employee of the Calcasieu Parish School System may serve as referring physician, licensed psychiatrist, licensed clinical psychologist, or licensed clinical social worker. The Discipline LRE/MRE Specialist will determine if the referral form is completed properly or if more information is needed. A referral for behavior reasons may be made by the Director of Special Education, a special education supervisor, or a program facilitator.
- After the referral form is received and reviewed by the Discipline LRE/MRE Specialist, the School Building Level Committee (SBLC) or the IEP Committee meets to review eligibility for the Hospital/Homebound Program. The Hospital/Homebound IEP/IAP Teacher will set up the meeting and shall be responsible for securing the following documents:
  - Hospital/Homebound Application (Form HHB 00),
  - The appropriate Hospital/Homebound Referral Form for Temporary Placement for Physical Illness or Injury (Form HHB 03A), or for Psychological Condition (Form HHB 03B), or for Pregnancy with Complications (HHB 03C);
  - The appropriate Hospital/Homebound Physician/Psychiatrist Verification Form (Form HHB 02A, HHB 02B, or HHB 02C)
  - Hospital/Homebound Review for Possible Placement Form (Form HHB 11)
  - Checklist of IAP or IEP Team Invitees (Form HHB 14 or HHB 15)
  - IEP, if applicable
  - 504/IAP, if applicable
  - Student's Class schedule, if applicable, and
  - Hospital/Homebound Reciprocal Release of Information (Form HHB 04).

The Hospital/Homebound IEP/IAP Teacher will also provide the following forms and/or information to the school counselor and/or parent/guardian at or before the Hospital/Homebound Placement Meeting:

- Hospital/Homebound Assignment Request Form (Form HHB 09, HHB10)
- Hospital/Homebound School Counselor Letter (Form HHB 08)
- Hospital/Homebound Rules and Regulations for Parents, Students, and Teachers (Form HHB 13)
- School Counselor's Responsibilities
- Classroom Teacher's Responsibilities
- Parent Responsibilities
- Student Responsibilities
- Hospital/Homebound Initial Parent Notification Letter of Student Expected Release Date from the Hospital/Homebound Program (Form HHB 07)

When all paperwork is completed and returned to the Hospital/Homebound office, the IEP/IAP Teacher will give all information to the staffing coordinator for staffing by the Hospital/Homebound teachers. The students will be assigned teachers with one being designated as lead teacher.

## Caseload of Hospital/Homebound Teacher

- The caseload of a Hospital/Homebound teacher cannot be determined solely by the number of students a teacher instructs. Factors to be considered include, but are not limited to, instructional time variations, travel time, and teacher certification.
- However, an itinerant hospital/homebound teacher's caseload is to be determined on an individual basis, based on the teacher's work day beginning at 7:45 a.m. and ending at 3:30 p.m., with a forty-five (45) minute lunch break, Monday through Thursday. Instructional periods are scheduled from Monday through Thursday and on Friday morning, if needed. Friday afternoon should be reserved for staff meetings.
- When a hospital/homebound teacher has only two hours remaining in his/her schedule, then that teacher is to inform the liaison teacher in writing and provide the liaison with the teacher's schedule in order for the Discipline LRE/MRE Specialist to evaluate the need for additional teachers.

## Assignment Procedures

Upon completion of the School Building Level Committee (SBLC) meeting, or the IEP/IAP meeting, the following completed forms will be given to the Hospital/Homebound Staffing Coordinator and the Hospital/Homebound Clerk:

- Hospital/Homebound Application Form (Form HHB 00)
- The appropriate Hospital/Homebound Referral for Temporary Placement for Physical Illness or Injury (Form HHB 03A), or for Psychological Condition (Form HHB 03B), or for Pregnancy with Complications (Form HHB 03C)
- The appropriate Hospital/Homebound Physician Verification Form for Physical Illness or Injury (Form HHB 02A), or for Psychological Condition (Form HHB 02B), or for Pregnancy with Complications (Form HHB 02C)
- Hospital/Homebound Review Form for Homebound Placement (Form HHB 11)
- Hospital/Homebound Initial Parent Notification Letter of Student Expected Release Date from the Hospital/Homebound Program Form (Form HHB 07)
- IEP, if applicable
- 504/IAP, if applicable
- Student's class schedule
- Hospital/Homebound Rules and Regulations for Parents, Students, and Teachers (Form HHB 13)

The acceptance of each student into the Hospital/Homebound Program is made by the Discipline LRE/MRE Specialist. Students are assigned to teachers according to the teachers' certification areas and grade level experience, and the caseload of individual teachers.

Hospital/Homebound instruction, at a minimum, shall be provided in the core academic subjects: English, Mathematics, Science, and Social Studies.

A minimum of four (4) hours of hospital/homebound instruction shall be provided per week, unless the student's health requires less, as determined by a physician. Consideration shall be given to the individual need for services beyond the core academic subjects.

Upon completion of staffing assignments, the staffing coordinator will provide a copy of all the student information to each of the assigned teachers and the Discipline LRE/MRE Specialist.

## **Documentation of Hospital/Homebound Teacher Visitation**

- Each hospital/homebound teacher is required to have the parent or the responsible adult sign a Time Sheet (Form HHB 17) which is required for monitoring purposes by the Louisiana State Department of Education and the Calcasieu Parish School System and must be maintained in the student's file.
- Hospital/Homebound teachers must sign in at each school they visit.

## **Grade Book**

Hospital/Homebound teachers will use the recommended Hospital/Homebound Individual Grade Book. The hospital/homebound teacher will record student attendance, homework, and test grades for each subject taught on a grade sheet for each six weeks period. The grade sheets will be bound along with student lesson plans by all of the student's hospital/homebound teachers at the end of the school year. The bound grade book will serve as a permanent record for that student in the Hospital/Homebound Program.

## **Transitional Period From Hospital/Homebound Program To Full Time Attendance in School**

Some hospital/homebound students are unable to return to full time school attendance without a transitional period. A transitional period for hospital/homebound students is defined as the time in which a student receives his/her education by attending school for a portion of the day and receives hospital/homebound instruction for a portion of that same day. The need for a transitional period will be addressed on an individual basis by the SBLC/IEP/IAP Committee and reviewed by the Discipline LRE/MRE Specialist.

## Procedure for Release from the Hospital/Homebound Program

Students are released from the Hospital/Homebound Program when any of the following occur:

- the IEP Team/School Building Level Committee (SBLC) determines the student needs to return to school; or
- the physician signs a release; or
- the projected time hospital/homebound instruction has expired; or
- the student transfers out of parish.

To prevent a lapse in a student's educational instruction, two weeks prior to the anticipated release date, the Hospital/Homebound Clerk will send Hospital/Homebound Update Parent Notification Letter of Student Release Date from Hospital/Homebound Program (Form HHB 07A). One week prior to the anticipated release date, the Hospital/Homebound Clerk will contact the Hospital/Homebound IEP/IAP Teacher regarding the status of the updated medical referral.

The Hospital/Homebound Lead Teacher is required to complete a release form, Hospital/Homebound Data Sheet for Release of Students (Form HHB 18) for each student and attach a Hospital/Homebound Teacher Attendance and Grade Report (Form HHB 17) and physician's release, if applicable. This information should be faxed to the school. Copies of the release form are submitted to the Discipline LRE/MRE Specialist, the parent, and the school counselor. The student's official record of grades and attendance for the duration of the hospital/homebound placement is recorded in the hospital/homebound teacher's grade book and is reflected on the Hospital/Homebound Teacher Attendance and Grade Report (Form HHB 17). The Hospital/Homebound Teacher Attendance and Grade Report is an accurate record of the student's attendance for each grading period. This information should be recorded in the student's school records.

To prevent a lapse in a student's educational instruction, at the end of each school year, the hospital/homebound teacher will indicate that the student will return to school or remain on hospital/homebound for the beginning of the following school year. This is documented on the Hospital/Homebound Data Sheet for Release of Students (Form HHB 18). If it is determined that the student remains on hospital/homebound for the beginning of the school year, the Discipline LRE/MRE Specialist will:

- send the appropriate Hospital/Homebound Referral for Temporary Placement for Physical Illness or Injury (Form HHB 03A), or for Psychological Condition (Form HHB 03B), or for Pregnancy with Complications (Form HHB 03C), to the parent for the physician to complete prior to the first day of school. **(The appropriate form must be received by the middle of the first six weeks in order to continue eligibility for hospital/homebound placement.)**
- send the appropriate Hospital/Homebound Physician Verification Form for Physical Illness or Injury (Form HHB 02A), or for Psychological Condition (Form HHB 02B), or for Pregnancy with Complications (Form HHB 02C)

- provide the IEP/IAP Teacher with the following documents from the previous year:
  1. Hospital/Homebound Application Form (Form HHB 00)
  2. the appropriate Hospital/Homebound Referral for Temporary Placement for Physical Illness or Injury (Form HHB 03A), or for Psychological Condition (Form HHB 03B), or for Pregnancy with Complications (Form HHB 03C)
  3. the appropriate Hospital/Homebound Physician Verification Form for Physical Illness or Injury (Form HHB 02A), or for Psychological Condition (Form HHB 02B), or for Pregnancy with Complications (Form HHB 02C)
  4. Review Form for Possible Hospital/Homebound Placement (Form HHB 11)
  5. Projected Class Schedule
  6. IEP/IAP
  7. Report Card



### **In-Service for New Teachers**

When a teacher is employed to work in the Hospital/Homebound Program, the Discipline LRE/MRE Specialist provides an orientation. The Discipline LRE/MRE Specialist will assign a hospital/homebound teacher to in-service the new teacher on hospital/homebound policies, procedures, and forms. The in-service teacher will also organize several observation periods for the new teacher to observe other Hospital/Homebound teachers during instructional periods.

### **Ongoing Training Of Hospital/Homebound Teachers**

The Calcasieu Parish Hospital/Homebound Program strives to provide students with highly qualified teachers; therefore, ongoing training is necessary and should be offered as it is offered to classroom teachers. Hospital/Homebound teachers are encouraged to attend two conferences a year in order to gain more knowledge and expertise in their area of certification. The hospital/homebound teachers are to be offered all training that is offered to classroom teachers. The Discipline LRE/MRE Specialist should correspond with the regular education supervisors and program facilitators to ensure this is done and hospital/homebound teachers are notified of these in-services. Each year the Discipline LRE/MRE Specialist should provide the regular education supervisors a list of names and email addresses of hospital/homebound teachers and their certification areas.

**RESPONSIBILITIES**  
**OF**  
**HOSPITAL/HOMEBOUND**  
**PERSONNEL AND**  
**PARTICIPANTS**

## **Responsibilities of the Discipline LRE/MRE Specialist**

The Discipline LRE/MRE Specialist is responsible for:

- ensuring that students meet the eligibility criteria for the Hospital/Homebound Program;
- reviewing medical forms received by the Office of Special Services;
- conducting meetings with hospital/homebound teachers at least once every six weeks (minimal) to discuss Hospital/Homebound business, implementation of new forms/procedures, etc;
- referring medical information when appropriate to Pupil Appraisal for determination of possible Bulletin 1508 criteria for classification;
- sending absentee letter to parents and Office of Child Welfare and Attendance;
- reviewing transitional periods of hospital/homebound students;
- providing orientation and assigning in-service teachers to all new hospital/homebound teachers;
- corresponding with Curriculum and Instruction Supervisor, Special Education Supervisors and Program Facilitators to ensure that hospital/homebound teachers are notified of in-services;
- addressing student absences as reported by the hospital/homebound teacher on the Weekly Absentee Form;
- determining alternate sites for students to receive hospital/homebound instruction; and addressing student needs when the hospital/homebound staff lacks the expertise, certification, or other qualifications required to meet the needs of the student;
- appointing the staffing coordinator;
- providing hospital/homebound teachers with information concerning teacher in-services, including new teacher in-services, and on-going training for all teachers; and
- performing personnel evaluations of the Hospital/Homebound teachers and other staff.

## **Responsibilities of the Hospital/Homebound Clerk**

The Clerk for the Hospital/Homebound Program is responsible for:

- providing Hospital/Homebound Program information to parents, students, physicians, school personnel, etc. or referring them to the appropriate personnel;
- collecting all initial paperwork required for possible student placement in the Hospital/Homebound Program;
- reviewing/screening all medical forms received to ensure they are completed properly and eligibility criteria are met;
- notifying the parent or school when additional information is needed;
- notifying the Discipline LRE/MRE Specialist of any eligibility concerns;
- distributing the Hospital/Homebound Disqualification Letter (HHB Form 06) to parents and appropriate school personnel when it is determined that a student does not meet eligibility criteria for the Hospital/Homebound Program;
- sending a copy of all initial paperwork to the Hospital/Homebound IEP/IAP Teacher when a student meets the eligibility criteria for placement in the Hospital/Homebound Program;
- collecting from the Hospital/Homebound IEP/IAP Teacher, all Hospital/Homebound IEP/IAP paperwork and notifying the appropriate Special Education Supervisor, Program Facilitator, and Special Education Clerk when special education student is placed on or released from the Hospital/Homebound Program. The special education clerk will enter the IEP information into SER and eSped;
- notifying the student's home based school of the entry date into the Hospital/Homebound Program and name of the Hospital/Homebound Lead Teacher once the student is placed in the Hospital/Homebound Program;
- notifying the Hospital/Homebound teacher if a parent/student is canceling the hospital/homebound class;
- sending out all medical updates to the parent/student two weeks prior to the hospital/homebound student's scheduled release date;
- contacting the Hospital/Homebound IEP/IAP Teacher regarding the status of the hospital/homebound student's updated medical referral one week prior to the hospital/homebound student's scheduled release date; and
- collecting, entering, and maintaining current and accurate data for the Hospital/Homebound Student Database as well as Special Education records.

## **Responsibilities of the School Principal**

The School Principal is responsible for:

- providing an in-service to school faculty covering Hospital/Homebound procedures each school year;
- supporting the counselor in his/her role as liaison between the Hospital/Homebound teacher and the classroom teacher;
- ensuring that appropriate staff attends scheduled IEP meetings or 504 conferences;
- ensuring policies, rules and regulations of the Hospital/Homebound Program are followed by school staff;
- ensuring that all classroom teachers submit assignments, textbooks, mid-term and/or final exams, keys to these exams, and keys when sending worksheets other than worksheets adopted by Calcasieu Parish School System;
- ensuring that student absences, prior to Hospital/Homebound placement, are reported accurately and duly recorded; and
- ensuring that Hospital/Homebound students are notified of graduation procedures and requirements.

NOTE: Hospital/Homebound Program placement does not begin for a student until all eligibility criteria have been met, as determined by the Discipline LRE/MRE Specialist. Hospital/Homebound teachers are only responsible for work missed during Hospital/Homebound placement.

## **Responsibilities of the School Counselor**

The school counselor is responsible for:

- providing the appropriate Hospital/Homebound Packet to the students/parents;
- providing students with make-up work prior to hospital/homebound placement;
- acting as liaison between the hospital/homebound teacher and the classroom teacher;
- ensuring that the Hospital/Homebound Assignment Request (Form HHB 09, 09A, 10, 10A) is sent to classroom teacher(s);
- faxing all information as requested on the Hospital/Homebound School Counselor Letter (Form HHB 08);
- distributing hospital/homebound attendance records and grades to the appropriate classroom teacher(s);
- notifying the hospital/homebound student of graduation procedures and requirements;
- making available to all pregnant students information on the Calcasieu Parish School Age Mothers (SAM) Program;
- attending IEP/504, (SBLC) meetings to review eligibility of students for the Hospital/Homebound Program;
- providing current records for the 504/IEP meeting including, report card, class schedule, LEAP – GEE scores, year to date attendance, disciplinary concerns, or issues; and
- faxing notification to the Hospital/Homebound Clerk that the SBLC or IEP Committee has agreed with and/or set the hospital/homebound student release date.

## **Responsibilities of the Regular Education Classroom Teacher**

The regular education classroom teacher is responsible for:

- attending a hospital/homebound IEP, 504, School Building Level Committee (SBLC), meeting if a special education student is being assigned to the Hospital/Homebound Program. One regular education teacher must be present at the meeting.
- completing the Hospital/Homebound Assignment Request (Form HHB 09, 09A, 10, 10A) and returning the form to the school counselor by the designated date and time. The request form should be completed with page numbers, chapters, or sections to be covered. Enough assigned material should be included to cover the period of time requested by the hospital/homebound teacher. Written work should be included in lieu of hands-on activities which cannot be performed in the hospital/homebound setting if the hospital/homebound student is taking a lab, a PE class, or an elective. The assignments should reflect the Louisiana Standards and Benchmarks, and Grade Level Expectations (GLE). The Assignment Request form should be signed by the classroom teacher;
- providing specific instructions concerning special assignments that are required. This includes supplemental materials used for review and practice for LEAP preparation;
- providing answer keys for worksheets or tests sent to the Hospital/Homebound teacher;
- obtaining, recording, and filing the periodic records as provided by the hospital/homebound teacher every six weeks;
- providing all necessary LEAP study guides and answer keys two (2) weeks prior to the test for any student scheduled to take the LEAP exam;
- providing mid-term and final reviews, tests, and answer keys one week prior to the administration of the tests in the classroom;
- providing the needed textbooks and workbooks for the hospital/homebound students. If the student uses a textbook/workbook from a classroom set, the school is responsible for obtaining a textbook for the hospital/homebound student to use while he/she is on the Hospital/Homebound Program; and
- securing copies of textbooks for the hospital/homebound student and hospital/homebound teacher(s) along with all appropriate materials if the classroom teacher is using textbooks other than those adopted by the Calcasieu Parish School Board.

## **Responsibilities of the Special Education Classroom Teacher**

The special education classroom teacher is responsible for:

- attending a hospital/homebound IEP, School Building Level Committee (SBLC), meeting if a special education student is being assigned to the Hospital/Homebound Program.
- completing the Hospital/Homebound Assignment Request (Form HHB 09, 09A, 10, 10A) and returning the form to the school counselor by the designated date and time. The request form should be completed with page numbers, chapters, or sections to be covered. Enough assigned material should be included to cover the period of time requested by the hospital/homebound teacher. Written work should be included in lieu of hands-on activities which cannot be performed in the hospital/homebound setting if the hospital/homebound student is taking a lab, a PE class, or an elective. The assignments should reflect the Louisiana Standards and Benchmarks, and Grade Level Expectations (GLE). The Assignment Request form should be signed by the classroom teacher;
- providing mid-term reviews, finals, study guides, tests, and answer keys two (2) weeks prior to the administration of the test if requested;
- providing specific instructions concerning special assignments that are required. This includes supplemental materials used for review and practice for LEAP preparation;
- providing answer keys for worksheets or tests sent to the Hospital/Homebound teacher;
- obtaining, recording, and filing the periodic records as provided by the hospital/homebound teacher every six weeks;
- providing all necessary LEAP study guides and answer keys two (2) weeks prior to the test for any student scheduled to take the LEAP exam;
- providing mid-term and final reviews, tests, and answer keys one week prior to the administration of the tests in the classroom;
- providing the needed textbooks and workbooks for the hospital/homebound students. If the student uses a textbook/workbook from a classroom set, the school is responsible for obtaining a textbook for the hospital/homebound student to use while he/she is on the Hospital/Homebound Program;
- securing copies of textbooks for the hospital/homebound student and hospital/homebound teacher(s) along with all appropriate materials if the classroom teacher is using textbooks other than those adopted by the Calcasieu Parish School Board;
- providing a copy of the hospital/homebound student's current IEP and any other pertinent information (i.e. CBA scores, special needs area, and other information deemed necessary by the IEP/504 IEP/IAP Teacher); and
- reconvening or reviewing the Hospital/Homebound IEP to address the LRE (Least Restrictive Environment) and any other needs of the hospital/homebound student when returning to the regular school campus.



## **Responsibilities of the Officially Designated Representative**

The Officially Designated Representative, as defined in IDEA, is responsible for ensuring that:

- IEP proceedings are accurately followed;
- site determination/placement decisions are appropriate;
- all mandatory IEP participants are present;
- the purpose of the IEP is explained;
- parental rights are explained/distributed;
- input is encouraged from all present; and
- the completed IEP has necessary signatures.

## **Responsibilities of the Pupil Appraisal Representative**

Due to a significant change of placement, special education students placed in the Hospital/Homebound Program from the regular school setting are in need of a re-evaluation.

The Pupil Appraisal Representative is responsible for:

- collaborating with the hospital/homebound teacher to schedule the IEP/Re-evaluation meeting;
- attending the IEP/Re-evaluation conference (or arranging for a team member to attend);
- obtaining written parental permission to conduct the re-evaluation (can be obtained at the meeting);
- completing the re-evaluation at the meeting by:
  1. acquiring from the regular education teacher(s) information regarding student performance in the general curriculum;
  2. obtaining from the special education teacher(s) information relative to student's progress of IEP goals and objectives;
  3. interviewing the parent, reviewing medical data, etc.;
  4. completing the re-evaluation components utilizing information provided by the teachers;
  5. securing all required signatures;
  6. interpreting the evaluation; and
  7. disseminating the re-evaluation report to all appropriate parties; and
- reviewing referral information on a regular education student on hospital/homebound when it is believed that the medical condition may meet Bulletin 1508 criteria for classification.

**NOTE:** A re-evaluation is not needed when the student returns to school unless the most recent evaluation (not the hospital/homebound evaluation) needs to be updated due to significant changes while on hospital/homebound.

## **Responsibilities of the Hospital/Homebound IEP/IAP Teacher**

The Hospital/Homebound IEP/IAP Teacher is responsible for:

- setting up a School Building Level Committee (SBLC), 504, or IEP meeting to include all required members upon receipt of the following from the Discipline LRE/MRE Specialist's office: the Hospital/Homebound Referral for Temporary Placement for Physical Illness or Injury (Form HHB 03A), or for Psychological Condition (Form HHB 03B), or for Pregnancy with Complications, (Form HHB 03C);
- securing the following forms from the Discipline LRE/MRE Specialist's office:
  - Hospital/Homebound Application Form (Form HHB 00)
  - Hospital/Homebound Referral for Temporary Placement for Physical Illness or Injury (Form HHB 03A), or Hospital/Homebound Referral for Temporary Placement for Psychological Condition (Form HHB 03B), or School Age Mothers (SAM) Program Temporary Referral for Pregnancy with Complications (Form HHB 03C)
  - Hospital/Homebound Physician Verification Form for Physical Illness or Injury (Form HHB 02A), Hospital/Homebound Psychiatrist/Psychologist Verification Form for Psychological Condition (Form HHB 02B), or School Age Mothers (SAM) Program Physician Verification Form for Pregnancy with Complications (Form HHB 02C)
  - Current IEP/Current 504, if applicable
  - Class Schedule, if applicable, and
  - Hospital/Homebound Initial Parent Notification Letter of Student Expected Release Date from the Hospital/Homebound Program (Form HHB 07);
- reviewing the current IEP/504 to determine if current educational plan is appropriate or needs to be reviewed;
- conducting SBLC, IEP, or 504 meeting to assist in determining placement and acquire needed signatures on the 504 Plan or IEP;
- drafting proposed IEP;
- reviewing and acquiring signatures on following forms:
  - Hospital/Homebound Review Placement Form (Form HHB 11),
  - Hospital/Homebound Rules and Regulations for Parents, Students, and Teachers (Form HHB 13), and
  - Hospital/Homebound Reciprocal Release of Information (Form HHB 04);
- providing school counselor with the following forms:
  - Hospital/Homebound School Counselor Letter (Form HHB 08),
  - Hospital/Homebound Assignment Request (Form HHB 09, 10), and
  - Responsibilities of Regular Education Classroom Teacher, and/or
  - Responsibilities of Special Education Classroom Teacher.
- reviewing and providing parents and student with copies of Responsibilities of Parents and Responsibilities of Students while on the Hospital/Homebound Program;
- communicating with the Discipline LRE/MRE Specialist on any situation with a hospital/homebound student requiring further clarification by the Discipline LRE/MRE Specialist to physician, school, and parent;

- providing the staff coordinator with all completed forms needed to staff students to hospital/homebound teachers;
- providing Discipline LRE/MRE Specialist's office with all completed paperwork;
- communicating with and providing input to hospital/homebound staff on staffing of student; and
- meeting with 504 Coordinator to review IAPs and file appropriate District Data Forms with State 504 Coordinator.

## **Responsibilities of the Hospital/Homebound Lead Teacher**

The responsibilities of the Hospital/Homebound Lead Teacher are:

- acting as liaison between hospital/homebound staff and school counselor;
- following up with school counselors on the collection of class assignment/s from the classroom teacher/s;
- collecting forms from parents that are issued during the IEP/504 meeting by the IEP/IAP Teacher attending said meeting;
- obtaining hospital/homebound student's attendance and grade report from the hospital/homebound teacher/s and forwarding them to the school counselor; and
- tracking dates/records of the updated Hospital/Homebound Referral for Temporary Placement Form (Form HHB 03A) for each hospital/homebound student; and
- completing and submitting the Hospital/Homebound Data Sheet for Official Release of Student (Form HHB 18) promptly to the School Counselor.

## **Responsibilities of the Hospital/Homebound Teacher**

The Hospital/Homebound Teacher is responsible for:

- developing lesson plans based on the assignments received from the classroom teacher. These assignments are in accordance with the Hospital/Homebound Assignment Request (Form HHB 09, 09A, 10, and 10A) which addresses the Louisiana Standards and Benchmarks and Grade Level Expectations (GLE);
- recording and maintaining the student's official records of attendance and grades in the hospital/homebound teacher's grade book for the duration of hospital/homebound placement. This report is reflected on the Hospital/Homebound Teacher Attendance and Grade Report (Form HHB 17) in accordance with the Calcasieu Parish School Board Attendance and Grading Policy and Hospital/Homebound Policies/Procedures;
- submitting to the Hospital/Homebound Lead Teacher the attendance, grades, and/or progress reports at the end of each six weeks period. Upon release of the hospital/homebound student from the Hospital/Homebound Program, the hospital/homebound teacher shall submit the Hospital/Homebound Data Sheet for Release of Student (Form HHB 18) and the Hospital/Homebound Teacher Attendance and Grade Report (Form HHB 17) if applicable;
- notifying parent(s) when the physician's recommended time for hospital/homebound instruction has expired and submitting the Hospital/Homebound Data Sheet for Release of Student (Form HHB 18) to the school counselor, parent, Hospital/Homebound Department, and Office of Child Welfare and Attendance in a timely manner as prescribed by the Discipline LRE/MRE Specialist;
- submitting grades within the next six weeks period to clear incompletes ("I"s) students received while on hospital/homebound;
- attending School Building Level Committee (SBLC), and IEP meeting (if applicable) to assist in developing an educational plan;
- signing and adhering to the Hospital/Homebound Rules and Regulations for Parents, Students, and Teachers (Form HHB 13); and
- notifying parents and the Discipline LRE/MRE Specialist of a hospital/homebound student's lack of progress.

## **Responsibilities of the Parent**

Parents of a student requiring hospital/homebound instruction are responsible for:

- registering the student in a Calcasieu Parish School System prior to applying for hospital/homebound services;
- notifying the school counselor if the student has an injury or illness that would require an absence of ten (10) consecutive school days or more;
- submitting the completed Hospital/Homebound Packet Forms which include the following:  
Hospital/Homebound Referral for Temporary Placement for Physical Illness or Injury (Form HHB 03A), or Hospital/Homebound for Temporary Placement for Psychological Condition (Form HHB 03B), or School Age Mothers (SAM) Program for Temporary Placement for Pregnancy with Complication (Form HHB 03C), Hospital/Homebound Physician/Psychologist Verification Form (Form HHB 02), and Hospital/Homebound Reciprocal Release of Information Form (Form HHB 04)
- ensuring that the hospital/homebound student's textbooks and workbooks are picked up from the school prior to first class;
- attending IEP/504 conference with Hospital/Homebound IEP/IAP Teacher on the agreed time and date;
- reading, signing, and adhering to Hospital/Homebound Rules and Regulations for Parents, Students, and Teachers (Form HHB 13);
- cooperating with the hospital/homebound teacher in scheduling days, time, and location of hospital/homebound class sessions;
- transporting the hospital/homebound student in a prompt manner to and from hospital/homebound classes, when held at a location other than the home;
- scheduling of required treatment plan and providing updated medical forms and documentation of plan to the hospital/homebound teacher every six weeks;
- ensuring that all prior school work (assignments and incompletes ("I"s) prior to hospital/homebound placement) will be completed by the student independent of the hospital/homebound teacher;
- ensuring that all previous classroom absences, prior to hospital/homebound placement, are addressed with the school;
- ensuring that a medical release is given to the hospital/homebound teacher and to the home based school prior to the release date for hospital/homebound services;
- ensuring the student attends his/her school on the first school day following the release date;
- ensuring that any or all textbooks, library books, etc. used exclusively while on hospital/homebound are returned to the school upon reentry to a regular school setting; and
- ensuring that the hospital/homebound student is prepared for class and ready to receive instruction during the scheduled time.

## **Responsibilities of the Hospital/Homebound Student**

A student placed on the Hospital/Homebound Program is responsible for:

- adhering to Hospital/Homebound Rules and Regulations for Parents, Students, and Teachers (Form HHB 13);
- securing textbooks, workbooks, and supplies obtained prior to first hospital/homebound class;
- attending scheduled classes;
- completing all assigned lessons;
- scheduling all appointments at times other than times set aside for instruction;
- cooperating in establishing an appropriate learning environment. The following **are not allowed** in the home during instructional time: pets, smoking, consuming alcoholic beverages or illegal substances, playing television or radio, or using inappropriate language;
- following the school's Visitation Policy when desiring to visit his/her home based school;
- working with his/her home based school to fulfill all attendance, assignments, class requirements, and graduation procedures prior to placement into the Hospital/Homebound Program;
- completing all assignments and tests within the next six weeks period to clear incompletes ("I"s) assigned while on the Hospital/Homebound Program the previous six weeks. (Assignments and tests not completed within the next six weeks period will receive a grade of zero); and
- providing the appropriate updated medical referral form to the Hospital/Homebound Department if the probable period of confinement requires an extension of service.

### **NOTE:**

**Senior students are responsible for knowing and fulfilling graduation procedures and requirements mandated by their home based school.**



# **HOSPITAL/HOMEBOUND FORMS**

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOUBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**THIS FORM TO BE COMPLETED BY THE SCHOOL  
COUNSELOR AND FAXED TO THE HOSPITAL/HOUBOUND  
DEPARTMENT**

<b>Title</b>	APPLICATION FORM FOR HOSPITAL/HOUBOUND SERVICES	<b>Document:</b>	HHB 00
<b>Date:</b>		<b>Revision Date:</b>	8/11
		<b>Page:</b>	1 of 1

**STUDENT ID** \_\_\_\_\_

**STUDENT NAME** \_\_\_\_\_

**BIRTHDATE** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **SEX** \_\_\_\_\_

**SS#** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**PARENT NAME** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**MAIL ADDRESS** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**WORK PHONE** \_\_\_\_\_

**REASON FOR HOUBOUND REQUEST**

PLEASE CIRCLE ONE

<b>MEDICAL</b>	<b>PSYCHOLOGICAL</b>	<b>PREGNANCY</b>
----------------	----------------------	------------------

PLEASE SPECIFY

**IF PREGNANCY, DUE DATE** \_\_\_\_\_

**PROBATION OFFICER, if applicable** \_\_\_\_\_

**Contact Information** \_\_\_\_\_

**Does the student currently have an IEP?**  Yes  No

**If yes, attach a copy.** \_\_\_\_\_

**Does the student currently have an IAP?**  Yes  No

**If yes, attach a copy.** \_\_\_\_\_

**School Counselor's Name:** \_\_\_\_\_ **School Counselor's Phone #:** \_\_\_\_\_

**DATE GIVEN TO PARENT: NOTE: This form does not automatically enter a student into the Hospital/Homebound Program. Hospital/Homebound Program placement does not begin for a student until all eligibility criteria have been met, as determined by the Discipline LRE/MRE Specialist.**

Original – School Counselor  
Copies: Hospital/Homebound File - fax to 337.217.4311 - Clerk  
Parent with Hospital/Homebound Packet

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**Title:** Hospital/Homebound Parent Letter  
Physical Injury or Illness

**Document:** HHB 01A

**Revision Date:** 8/11

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

**Page:** 1 of 1

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Parent Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

DOB \_\_\_\_\_

School \_\_\_\_\_

Dear Parent(s):

Please have the enclosed forms completed by the attending physician for medical reasons if you desire Hospital/Homebound services for your child. The forms must be returned in the self-addressed envelope immediately or hand delivered to Special Services Dept., 3301 Old Spanish Trail, Westlake, LA 70669.

According to state and parish guidelines, a student is eligible for Hospital/Homebound instruction on the 11<sup>th</sup> school day following an absence of more than ten (10) consecutive school days for a qualifying illness. Hospital/Homebound placement does not begin for a student until all eligibility criteria have been met, as determined by the Discipline LRE/MRE Specialist. Hospital/Homebound teachers are only responsible for work missed during Hospital/Homebound placement.

**Necessary arrangements will be made upon receipt and a successful review of the following forms:**

- (1) the Hospital/Homebound Application Form (Form HHB 00)**
- (2) the Hospital/Homebound Physician's Verification Form, (Form HHB 02A)**
- (3) the Hospital/Homebound Physician's Referral Form for Temporary Placement for Physical Illness or Injury (Form HHB 03A)**
- (4) the Hospital/Homebound Reciprocal Release of Information Form (Form HHB 04)**

The parent/legal guardian is responsible for completing all necessary paperwork as soon as possible to avoid unnecessary absences. All forms must be completed prior to placement in the Hospital/Homebound Program.

Sincerely,  
Discipline LRE/MRE Specialist  
Special Education Department

cb  
Enclosure  
Copy: File

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**Title:** Hospital/Homebound Physician Verification Form  
Physical Illness or Injury

**Document:** HHB 02A  
**Revision Date:** 8/11  
**Page:** 1 of 1

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

Physician Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

DOB \_\_\_\_\_

School \_\_\_\_\_

Dear Dr. \_\_\_\_\_

Hospital/Homebound is the most restrictive environment in education. Therefore, it is advantageous for the student to return to the least restrictive environment, which is the regular school setting.

According to state and parish guidelines, a student is eligible for Hospital/Homebound instruction on the 11<sup>th</sup> school day following an absence of more than ten (10) consecutive school days for a qualifying illness. Hospital/Homebound placement does not begin for a student until all eligibility criteria have been met, as determined by the Discipline LRE/MRE Specialist. Hospital/Homebound teachers are only responsible for work missed during Hospital/Homebound placement.

A physician's verification that the student is receiving ongoing care and treatment is necessary each six (6) weeks. It will be the responsibility of the parent/guardian to schedule appointments and have the appropriate form completed and signed each six (6) weeks documenting treatment dates for a student to continue being eligible for the Hospital/Homebound Program.

Your cooperation in helping our students is appreciated.

Sincerely,  
Discipline LRE/MRE Specialist  
Special Education Department

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

\_\_\_\_\_  
Date

Physician's signature is necessary for student's application to be considered for Hospital/Homebound placement. Please attach to form HHB-03A.

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

<b>Title:</b>	Hospital/Homebound Referral For Temporary Placement for	<b>Document:</b>	HHB 03A
	Physical Illness or Injury	<b>Revision Date:</b>	8/11
<b>Date:</b>		<b>Page:</b>	1

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_  
 Parent Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Home Address \_\_\_\_\_

**Medical Certification: THIS SECTION IS TO BE COMPLETED BY A PROPERLY CERTIFIED PHYSICIAN.**  
 The undersigned certifies that the above named student is unable to attend school for the following **MEDICAL** reason. **A SPECIFIC DIAGNOSIS OF THE MEDICAL COMPLICATION AND HOW THIS COMPLICATION PREVENTS SCHOOL ATTENDANCE IS NECESSARY IN ORDER FOR THE CALCASIEU PARISH SCHOOL SYSTEM TO SERVE THE HOSPITAL/HOMEBOUND STUDENT APPROPRIATELY.**

**PHYSICAL ILLNESS/DIAGNOSIS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Medication** \_\_\_\_\_ **Negative effects, if any** \_\_\_\_\_

**IS THE STUDENT ABLE TO ATTEND REGULAR SCHOOL WITH THE ABOVE DIAGNOSIS?**     YES     NO  
**IF NO, HOW DOES THE ABOVE DIAGNOSIS AFFECT THE EDUCATIONAL HOURS?** \_\_\_\_\_

**DOES THE STUDENT HAVE AN INFECTIOUS OR COMMUNICABLE DISEASE?**     YES     NO  
**IF YES, PLEASE LIST NECESSARY PRECAUTIONS** \_\_\_\_\_

**Date of last examination/treatment:** \_\_\_\_\_

The Calcasieu Parish School System requires a Treatment Plan completed by a physician if the student is to qualify for the Hospital/Homebound Program.

I certify that the student is receiving a program of care and treatment as prescribed below and I will verify the student's continuing qualification by completing HHB 03A a minimum of every six weeks.

The expected duration of the condition which prevents school attendance is:  
 \_\_\_\_\_ 3 weeks    \_\_\_\_\_ 4 weeks    \_\_\_\_\_ 5 weeks    \_\_\_\_\_ 6 weeks

**Physician's Name (Type or Print)** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Physician's Original Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**STAMPED SIGNATURE WILL NOT BE ACCEPTABLE\*\*\***

**MAIL THE ORIGINAL TO: 3301 OLD SPANISH TRAIL, WESTLAKE, LA 70669  
 ATTN: HOMEBOUND FAX #337.217.4311**

COPY    Student    -    Teacher    -    Discipline LRE/MRE Specialist    -    Counselor's Office

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**Title: Hospital/Homebound Parent Letter for  
Psychological Condition**

**Document: HHB 01B**

**Revision Date: 8/11**

**Date:**

**Page: 1 of 1**

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Parent Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

DOB \_\_\_\_\_

School \_\_\_\_\_

Dear Parent(s):

Please have the enclosed forms completed by a licensed psychiatrist, licensed clinical psychologist, or a licensed clinical social worker for psychological reasons if you desire Hospital/Homebound services for your child. The forms must be returned in the self-addressed envelope immediately or hand delivered to Special Services Dept., 3301 Old Spanish Trail, Westlake, LA 70669.

According to state and parish guidelines, a student is eligible for Hospital/Homebound instruction on the 11<sup>th</sup> school day following an absence of more than ten (10) consecutive school days for a qualifying illness. Hospital/Homebound placement does not begin for a student until all eligibility criteria have been met, as determined by the Discipline LRE/MRE Specialist. Hospital/Homebound teachers are only responsible for work missed during Hospital/Homebound placement.

**Necessary arrangements will be made upon receipt and a successful review of the following forms:**

- (1) the Hospital/Homebound Application Form (Form HHB 00)**
- (2) the Hospital/Homebound Psychologist Verification Form (Form HHB 02B)**
- (3) the Hospital/Homebound Psychologist Referral Form for Temporary Placement for Psychological Condition (Form HHB 03B)**
- (4) the Hospital/Homebound Reciprocal Release of Information Form (Form HHB 04)**

The parent/legal guardian is responsible for completing all necessary paperwork as soon as possible to avoid unnecessary absences. All forms must be completed prior to placement in the Hospital/Homebound Program.

Sincerely,  
Discipline LRE/MRE Specialist  
Special Education Department

cb  
Enclosure  
Copy: File

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**Title: Hospital/Homebound Psychiatrist/Psychologist/  
Social Worker Verification Form**

**Document: HHB 02B**

**Revision Date: 8/11**

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

**Page: 1 of 1**

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Physician Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

DOB \_\_\_\_\_

School \_\_\_\_\_

Dear Dr. \_\_\_\_\_

Hospital/Homebound is the most restrictive environment in education. Therefore, it is advantageous for the student to return to the least restrictive environment, which is the regular school setting.

According to state and parish guidelines, a student is eligible for Hospital/Homebound instruction on the 11<sup>th</sup> school day following an absence of more than ten (10) consecutive school days for a qualifying illness. Hospital/Homebound placement does not begin for a student until all eligibility criteria have been met, as determined by the Discipline LRE/MRE Specialist. Hospital/Homebound teachers are only responsible for work missed during Hospital/Homebound placement.

A licensed psychiatrist, licensed clinical psychologist, or a licensed clinical social worker's verification that the student is receiving ongoing care and treatment is necessary each six (6) weeks. It will be the responsibility of the parent/guardian to schedule appointments and have the appropriate form completed and signed each six (6) weeks documenting treatment dates for a student to continue being eligible for the Hospital/Homebound Program.

Your cooperation in helping our students is appreciated.

Sincerely,  
Discipline LRE/MRE Specialist  
Special Education Department

\_\_\_\_\_  
Original Signature of Licensed Psychiatrist,  
Licensed Clinical Psychologist, or  
Licensed Clinical Social Worker

\_\_\_\_\_  
Date

Licensed psychiatrist, licensed clinical psychologist, or a licensed clinical social worker's signature is necessary for student's application to be considered for Hospital/Homebound placement. Please attach to form HHB-03B.

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

<b>Title:</b>	<b>Hospital/Homebound Referral for Temporary Placement For</b>	<b>Document:</b>	<b>HHB 03B</b>
	<b>Psychological Condition</b>	<b>Revision Date:</b>	<b>8/11</b>
<b>Date:</b>		<b>Page:</b>	<b>1</b>

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_  
 Parent Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Home Address \_\_\_\_\_

**Psychological Certification: THIS SECTION IS TO BE COMPLETED BY A LICENSED PSYCHIATRIST, LICENSED CLINICAL PSYCHOLOGIST, OR LICENSED CLINICAL SOCIAL WORKER.**  
 The undersigned certifies that the above named student is unable to attend school for the following **PSYCHOLOGICAL** reason. **A SPECIFIC DIAGNOSIS OF THE PSYCHOLOGICAL CONDITION AND HOW THIS CONDITION PREVENTS SCHOOL ATTENDANCE IS NECESSARY IN ORDER FOR THE CALCASIEU PARISH SCHOOL SYSTEM TO SERVE THE HOSPITAL/HOMEBOUND STUDENT APPROPRIATELY.**

**PSYCHOLOGICAL CONDITION/DIAGNOSIS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Medication** \_\_\_\_\_ **Negative effects, if any** \_\_\_\_\_

**IS THE STUDENT ABLE TO ATTEND REGULAR SCHOOL WITH THE ABOVE DIAGNOSIS?**  YES  NO  
**IF NO, HOW DOES THE ABOVE DIAGNOSIS AFFECT THE EDUCATIONAL HOURS?** \_\_\_\_\_

**DOES THE STUDENT HAVE AN INFECTIOUS OR COMMUNICABLE DISEASE?**  YES  NO  
**IF YES, PLEASE LIST NECESSARY PRECAUTIONS:** \_\_\_\_\_

**Date of last examination/treatment:** \_\_\_\_\_

The Calcasieu Parish School System requires a Treatment Plan completed by a licensed psychiatrist, licensed clinical psychologist, or licensed clinical social worker if the student is to qualify for the Hospital/Homebound Program.

I certify that the student is receiving a program of care and treatment as prescribed below and I will verify the student's continuing qualification by completing HHB 03B a minimum of every six weeks.

The expected duration of the condition which prevents school attendance is:

3 weeks  4 weeks  5 weeks  6 weeks

Licensed Psychiatrist, Licensed Clinical Psychologist, Licensed Clinical Social Worker, \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

**Original Signature of Treatment Provider** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*STAMPED SIGNATURE WILL NOT BE ACCEPTABLE\*\*\*

**MAIL THE ORIGINAL TO: 3301 OLD SPANISH TRAIL, WESTLAKE, LA 70669  
ATTN: HOMEBOUND FAX #337.217.4311**

COPY Student - Teacher - Discipline LRE/MRE Specialist - Counselor's Office



**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**Title:** School Age Mothers (SAM) Program Parent Letter      **Document:** HHB 01C  
**Date:** \_\_\_\_\_      **Revision Date:** 8/11  
\_\_\_\_\_      **Page:** 1 of 1

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Parent Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

DOB \_\_\_\_\_

School \_\_\_\_\_

Dear Parent(s):

Please have the enclosed forms completed by the attending physician for pregnancy reasons if you desire School Age Mothers (SAM) Program services for your child. The forms must be returned in the self-addressed envelope immediately or hand delivered to Special Services Dept., 3301 Old Spanish Trail, Westlake, LA 70669.

According to state and parish guidelines, a student is eligible for Hospital/Homebound instruction on the 11<sup>th</sup> school day following an absence of more than ten (10) consecutive school days for a qualifying illness. Hospital/Homebound placement does not begin for a student until all eligibility criteria have been met, as determined by the Discipline LRE/MRE Specialist. Hospital/Homebound teachers are only responsible for work missed during Hospital/Homebound placement.

**Necessary arrangements will be made upon receipt and a successful review of the following forms:**

- (1) the Hospital/Homebound Application Form (Form HHB 00)**
- (2) the SAM Physician Verification Form (Form HHB 02C)**
- (3) the SAM Physician's Referral Form for Temporary Placement for Pregnancy with Complications (Form HHB 03C)**
- (4) the Hospital/Homebound Reciprocal Release of Information Form, (Form HHB 04)**

The parent/legal guardian is responsible for completing all necessary paperwork as soon as possible to avoid unnecessary absences. All forms must be completed prior to placement in the Hospital/Homebound Program.

Sincerely,  
Discipline LRE/MRE Specialist  
Special Education Department

cb  
Enclosure  
Copy: File

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669**

**TELEPHONE: 337.217.4300, EXT. 3607    FAX: 337.217.4311**

**Title: School Age Mothers (SAM) Program Physician  
Verification Form**

**Document: HHB 02C**

**Revision Date: 8/11**

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

**Page: 1 of 1**

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Physician Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

DOB \_\_\_\_\_

School \_\_\_\_\_

Dear Dr. \_\_\_\_\_

Hospital/Homebound is the most restrictive environment in education. Therefore, it is advantageous for the student to return to the least restrictive environment, which is the regular school setting.

According to state and parish guidelines, a student is eligible for Hospital/Homebound instruction on the 11<sup>th</sup> school day following an absence of more than ten (10) consecutive school days for a qualifying illness. Hospital/Homebound placement does not begin for a student until all eligibility criteria have been met, as determined by the Discipline LRE/MRE Specialist. Hospital/Homebound teachers are only responsible for work missed during Hospital/Homebound placement.

A licensed physician's verification that the student is receiving ongoing care and treatment is necessary each six (6) weeks. It will be the responsibility of the parent/guardian to schedule appointments and have the appropriate form completed and signed each six (6) weeks documenting treatment dates for a student to continue being eligible for the School Age Mothers (SAM) Program.

Your cooperation in helping our students is appreciated.

Sincerely,  
Discipline LRE/MRE Specialist  
Special Education Department

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

\_\_\_\_\_  
Date

Licensed physician's signature is necessary for student's application to be considered for placement in the SAM Program. Please attach to form HHB-03C.

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

<b>Title:</b>	<b>School Age Mothers (SAM) Program Referral For Temporary Placement For Pregnancy with Complications</b>	<b>Document:</b>	<b>HHB 03C</b>
		<b>Revision Date:</b>	<b>8/11</b>
<b>Date:</b>		<b>Page:</b>	<b>1</b>

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_  
 Parent Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Home Address \_\_\_\_\_

**Medical Certification: THIS SECTION IS TO BE COMPLETED BY A PROPERLY CERTIFIED PHYSICIAN.**  
 The undersigned certifies that the above named student is unable to attend school for the following **MEDICAL** reason. A SPECIFIC DIAGNOSIS OF THE MEDICAL COMPLICATION OF PREGNANCY AND HOW THIS COMPLICATION PREVENTS SCHOOL ATTENDANCE IS NECESSARY IN ORDER FOR THE CALCASIEU PARISH SCHOOL SYSTEM TO SERVE THE STUDENT IN THE SAM PROGRAM APPROPRIATELY.  
**PREGNANCY COMPLICATION/DIAGNOSIS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE NOTE: Pregnancy alone does not qualify a student for the SAM Program, please explain specific complication.**  
**Due Date** \_\_\_\_\_

**Medication** \_\_\_\_\_ **Negative effects, if any** \_\_\_\_\_

**IS THE STUDENT ABLE TO ATTEND REGULAR SCHOOL WITH THE ABOVE DIAGNOSIS?** \_\_\_\_ YES \_\_\_\_ NO

**IF NO, HOW DOES THE ABOVE DIAGNOSIS AFFECT THE EDUCATIONAL HOURS?** \_\_\_\_\_

**IS THE STUDENT ABLE TO ATTEND A MODIFIED SCHOOL DAY/WEEK AT THE SAM PROGRAM IN ORDER TO BENEFIT FROM THE SPECIAL DESIGNED PROGRAM FOR SCHOOL AGE MOTHERS?** \_\_\_\_ YES \_\_\_\_ NO

**IF NO, HOW DOES THE ABOVE DIAGNOSIS AFFECT THE EDUCATIONAL HOURS FOR THE SAM PROGRAM?** \_\_\_\_\_

**DOES THE STUDENT HAVE AN INFECTIOUS OR COMMUNICABLE DISEASE?** \_\_\_\_ YES \_\_\_\_ NO

**IF YES, PLEASE LIST NECESSARY PRECAUTIONS** \_\_\_\_\_

**Date of last examination/treatment:** \_\_\_\_\_

The Calcasieu Parish School System requires a Treatment Plan completed by a physician if the student is to qualify for the Hospital/Homebound Program.

I certify that the student is receiving a program of care and treatment as prescribed below and I will verify the student's continuing qualification by completing HHB 03C a minimum of every six weeks.

The expected duration of the condition which prevents school attendance is:

\_\_\_\_ 3 weeks \_\_\_\_ 4 weeks \_\_\_\_ 5 weeks \_\_\_\_ 6 weeks

**Physician's Name (Type or Print)** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Physician's Original Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**STAMPED SIGNATURE WILL NOT BE ACCEPTABLE\*\*\***

**MAIL THE ORIGINAL TO: 3301 OLD SPANISH TRAIL, WESTLAKE, LA 70669  
ATTN: HOMEBOUND FAX #337.217.4311**



**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

For Use by the Special Education Director, Supervisor, or Program Facilitator  
with input from the Behavior Interventionist if applicable

HHB 05

**IEP Team Reference List for Special Education Student Referred to  
Hospital/Homebound for Behavioral/ Discipline Reasons**

This Referral List must be filled out and turned in along with IEP and Behavior Support Plan and Health Care Plan if applicable for review prior to asking for an IEP meeting for possible Hospital/Homebound placement.

1. Form should be turned in to Hospital/Homebound clerk.
2. Clerk will gather information and submit to Hospital/Homebound IEP teacher.
3. Hospital/Homebound IEP teacher will confer with Discipline LRE/MRE Specialist.
4. Hospital/Homebound IEP teacher will contact Special Education Supervisor/Facilitator to request additional information or to set possible time for IEP meeting.

-----

Date \_\_\_\_\_

Special Ed Supervisor/Facilitator Referring: \_\_\_\_\_

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

Grade \_\_\_\_\_ Inclusion /Resource / Self-Contained (please circle)

If Calcasieu Parish Alternative School, date entered \_\_\_\_\_ Reason \_\_\_\_\_

1. Behavior Support Plan      Date Implemented \_\_\_\_\_

    Date Revised \_\_\_\_\_

    Changes Implemented \_\_\_\_\_

\_\_\_\_\_

    Date Revised \_\_\_\_\_

    Changes Implemented \_\_\_\_\_

2. Behavior Team

    Social Worker/Behavior Facilitator/Counselor assigned (if applicable) \_\_\_\_\_

        Contact Date with student/teacher (please circle) \_\_\_\_\_

        Contact Result \_\_\_\_\_

        Contact Date with student/teacher (please circle) \_\_\_\_\_

        Contact Result \_\_\_\_\_

        Contact Date with student/teacher (please circle) \_\_\_\_\_

        Contact Result \_\_\_\_\_

        Contact Date with student/teacher (please circle) \_\_\_\_\_

        Contact Result \_\_\_\_\_

3. Number of Suspensions \_\_\_\_\_

    Date \_\_\_\_\_ Reasons \_\_\_\_\_

    Date \_\_\_\_\_ Reasons \_\_\_\_\_

Any other notes to be considered \_\_\_\_\_

\_\_\_\_\_  
Date Received by Hospital/Homebound Clerk      Signature of Special Education Director, Supervisor, or Facilitator

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**Title: Hospital/Homebound Disqualification Letter**

**Document: HHB 06**

**Revision Date: 8/11**

**Date: 9/2/11**

**Page: 1 of 1**

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. «Parent\_Name»  
. «Address\_2»  
. «Address\_1»  
. «City\_State» «Zip»

RE: «Student\_Name»  
BIRTHDATE: «Birthdate»  
SCHOOL: «School»

Dear Parent(s):

After reviewing the Hospital/Homebound Referral Form provided to this department, it has been determined that your child does not meet the criteria to receive Hospital/Homebound services at this time.

This determination was made because the form was not filled out completely.  
form was not completed by the required health care provider.  
illness/diagnosis is not shown to affect the educational hours to the extent that your child cannot be educated at their home based school.

Because Hospital/Homebound placement would move your child to a more restrictive educational environment, and the criteria for that placement have not been met, you are advised to contact your child's home based school for possible Section 504 or Special Education referral.

Sincerely,

Discipline LRE/MRE Specialist  
Special Education Department

cb

Enclosure

Copy: School Counselor  
Child Welfare and Attendance  
Hospital/Homebound Teacher  
504 Coordinator  
Legal Counsel  
File

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOUBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

<b>Title:</b> Hospital/Homebound Initial Parent Notification Letter of Student Expected Release Date From Hospital/Homebound Program	<b>Document:</b> HHB 07
	<b>Revision Date:</b> 8/11
<b>Date:</b> 9/2/11	<b>Page:</b> 1 of 1

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Student Name: «Student\_Name»  
DOB: «Birthdate»  
School: «School»

Dear Parent:

Recently your child, «Student\_Name» , was assigned to the Hospital/Homebound Program effective «Entry\_Date» for a period of «No\_of\_Weeks\_on\_HB» weeks/months. The release date from the Hospital/Homebound Program has been calculated as: «Est\_Exit\_Date».

**The release date is important** because this is the date that your child should return to the home based school and services from the hospital/homebound staff will cease. Failure to report to home based school will be recorded as an official absence. Any extension of this date will have to be provided by your attending physician on the physician's verification form entitled: *H/HB Referral for Temporary Placement*. Please note that this is the only notice you will receive regarding this release and return to school date unless Hospital/Homebound placement is officially extended.

Sincerely,

Discipline LRE/MRE Specialist  
Special Education Department

cc: HHB Teachers  
School Counselor  
File

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

<b>Title:</b> Hospital/Homebound Update Parent Notification Letter Of Student Release Date From Hospital/Homebound Program	<b>Document:</b> HHB 07A <b>Revision Date:</b> 8/11 <b>Page</b> 1 of 1
<b>Date:</b> 9/2/11	

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Student Name: «Student\_Name»  
DOB: «Birthdate»  
School: «School»

Dear Parent:

Recently your child, «Student\_Name» , was assigned to the Hospital/Homebound Program effective «Entry\_Date». The release date from the Hospital/Homebound Program has been calculated as: «Est\_Exit\_Date».

**The release date is important** because this is the date that your child should report back to school and services from the hospital/homebound staff will cease. Failure to report to school will be recorded as an official absence. Any extension of this date will have to be provided by your attending physician on the physician's verification form entitled: *H/HB Referral for Temporary Placement*. Please note that this is the only notice you will receive regarding this release and return to school date unless Hospital/Homebound placement is officially extended.

Sincerely,

Discipline LRE/MRE Specialist  
Special Education Department

cc: H/HB Teachers  
School Counselor  
File





**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**Title: Hospital/Homebound Elementary/Middle Assignment  
Request  
«School»**

**Document: HHB 09  
Revision Date: 8/11  
Page: 1 of 1**

**Date: 9/2/11**

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**CLASSROOM TEACHER**

«Student\_Name» will be receiving Hospital/Homebound services for approximately «No\_of\_Weeks\_on\_HB» weeks, beginning «Entry\_Date» and ending «Est\_Exit\_Date».

Please complete the following information and return to the school counselor by \_\_\_\_\_.  
(Date and Time)

If possible, fax to the Hospital/Homebound teacher at 217.4307.

**Please date and sign below.**

Thank you,

\_\_\_\_\_  
**Hospital/Homebound IEP/IAP Teacher**

**NOTE:**

1. All assignments for each subject are in accordance with the Louisiana Standards and Benchmarks, GLE, goals and objectives, as per classroom teacher's lesson plans.
2. It is the responsibility of the parent to pick up all of the student's textbooks and workbooks (i.e. skill pads).

Your assistance is greatly appreciated!

**SUBJECTS**

**PAGE NUMBERS/CHAPTERS**

1. Reading \_\_\_\_\_

2. Language \_\_\_\_\_

3. Spelling \_\_\_\_\_

4. Math \_\_\_\_\_

5. Science \_\_\_\_\_

6. Social Studies \_\_\_\_\_

7. Handwriting \_\_\_\_\_

(X) \_\_\_\_\_  
**Classroom Teacher's Signature**

\_\_\_\_\_  
**Date**

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**Title:** Hospital/Homebound Update Elementary/Middle Assignment      **Document:**      **HHB 09A**  
**Request**      **Revision Date:**      **8/11**  
**School**      **Page:**      **1 of 1**

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

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\_\_\_\_\_  
**CLASSROOM TEACHER**

\_\_\_\_\_ will be receiving Hospital/Homebound services for approximately \_\_\_\_\_ weeks, beginning \_\_\_\_\_ and ending \_\_\_\_\_.

Please complete the following information and return to the **school counselor** by \_\_\_\_\_.  
(Date and Time)

If possible, fax to the Hospital/Homebound teacher at 217.4307.

**Please date and sign below.**

Thank you,

\_\_\_\_\_  
**Hospital/Homebound IEP/IAP Teacher**

**NOTE:**

1. All assignments for each subject are in accordance with the Louisiana Standards and Benchmarks, GLE, goals and objectives, as per classroom teacher's lesson plans.
2. It is the responsibility of the parent to pick up all of the student's textbooks and workbooks (i.e. skill pads).

Your assistance is greatly appreciated!

**SUBJECTS**

**PAGE NUMBERS/CHAPTERS**

1. Reading \_\_\_\_\_

2. Language \_\_\_\_\_

3. Spelling \_\_\_\_\_

4. Math \_\_\_\_\_

5. Science \_\_\_\_\_

6. Social Studies \_\_\_\_\_

7. Handwriting \_\_\_\_\_

(X) \_\_\_\_\_  
**Classroom Teacher's Signature**

\_\_\_\_\_  
**Date**

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**Title:** Hospital/Homebound High School Assignment Request      **Document:** HHB 10  
**School Name:** «School»      **Revision Date:** 8/11  
**Date:** 9/2/11      **Page:** 1 of 1

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\_\_\_\_\_  
**Teacher**

\_\_\_\_\_  
**Subject**

«Student\_Name» will be receiving Hospital/Homebound services for approximately

«No\_of\_Weeks\_on\_HB» weeks, beginning «Entry\_Date» and ending «Est\_Exit\_Date».

Complete and return to the Counselor by \_\_\_\_\_. If possible, fax to the Hospital/Homebound  
Date/Time  
teacher at 217.4307.

**Please date and sign below.**

**Thank You,**

Denise Maddox  
Hospital/Homebound IEP/IAP Teacher

**Note:** All assignments are in accordance with the Louisiana Standards and Benchmarks, GLE, goals and objectives, as per classroom teacher's lesson plans.

TEXTBOOKS: \_\_\_\_\_

PUBLISHER: \_\_\_\_\_ COPYRIGHT: \_\_\_\_\_

**Please list the following information you plan to cover for the above dates:**

Page Numbers \_\_\_\_\_ to \_\_\_\_\_ or

Chapters \_\_\_\_\_ to \_\_\_\_\_ or

Sections \_\_\_\_\_ to \_\_\_\_\_.

**If worksheets are sent, please send a key.**

**Special Requirements:** \_\_\_\_\_

\_\_\_\_\_  
Classroom Teacher Signature

\_\_\_\_\_  
Date

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**Title:** Hospital/Homebound Update High School Assignment Request    **Document:** HHB 10A  
**School Name:** \_\_\_\_\_    **Revision Date:** 8/11  
**Date:** \_\_\_\_\_    **Page:** 1 of 1

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\_\_\_\_\_  
**Teacher**

\_\_\_\_\_  
**Subject**

\_\_\_\_\_ will be receiving Hospital/Homebound services for approximately  
\_\_\_\_\_ weeks, beginning \_\_\_\_\_ and ending \_\_\_\_\_.

Complete and return to the Counselor by \_\_\_\_\_. If possible, fax to the Hospital/Homebound  
Date/Time  
teacher at 217.4307. **Please date and sign below.**

**Thank You,**

\_\_\_\_\_  
Hospital/Homebound Teacher

**Note:** All assignments are in accordance with the Louisiana Standards and Benchmarks, GLE, goals and objectives, as per classroom teacher's lesson plans.

TEXTBOOKS: \_\_\_\_\_

PUBLISHER: \_\_\_\_\_ COPYRIGHT: \_\_\_\_\_

**Please list the following information you plan to cover for the above dates:**

Page Numbers \_\_\_\_\_ to \_\_\_\_\_ or

Chapters \_\_\_\_\_ to \_\_\_\_\_ or

Sections \_\_\_\_\_ to \_\_\_\_\_.

**If worksheets are sent, please send a key.**

**Special Requirements:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Classroom Teacher

\_\_\_\_\_  
Date

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**Title: Review Form for Possible Hospital Homebound Placement**

**Document: HHB 11**

**Revision Date: 8/11**

**Date:**

**Page: 1 of 1**

We the IEP/504/IAP Committee including the parent(s)/guardian(s) of \_\_\_\_\_, met on \_\_\_\_\_, to consider Hospital/Homebound placement. We reviewed the following:

- \_\_\_\_ 1. Student's medical referral from licensed physician,
- \_\_\_\_ 2. Student's psychological referral from:  
     \_\_\_\_ Licensed Clinical Psychologist   \_\_\_\_ Licensed Psychiatrist   \_\_\_\_ Licensed Clinical Social Worker
- \_\_\_\_ 3. Student's Current IEP
- \_\_\_\_ 4. Student's Current 504
- \_\_\_\_ 5. Student's Current Behavior Management Plan
- \_\_\_\_ 6. Student's Current Health Care Plan
- \_\_\_\_ 7. Other

**Prior to Hospital/Homebound referral for a medical reason:**

- NA Yes No a. The school is aware of reason for the referral for Hospital/Homebound Services.
- NA Yes No b. The student's educational needs have been reviewed and referred to Child Find.
- NA Yes No c. The student's educational needs have been reviewed and referred for 504 evaluation.
- NA Yes No d. The school nurse has reviewed the student's medical needs.
- NA Yes No e. The IEP/504 reconvened to address accommodations to assist the student in staying in the LRE.
- \_\_\_\_ f. Not Applicable

**Prior to Hospital/Homebound referral for a psychological reason:**

- NA Yes No a. The school is aware of reason for the referral for Hospital/Homebound Services
- NA Yes No b. The student's educational needs have been reviewed and referred to Child Find.
- NA Yes No c. The school counselor has worked with the student on psychological, behavioral, or social issues.
- NA Yes No d. The student's needs have been referred to and served by a member of the Calcasieu Parish Behavior Intervention Team.
- NA Yes No e. The student's current IEP and BMP have been implemented, revisited and modified.
- \_\_\_\_ f. Not Applicable

**Prior to Hospital/Homebound referral for behavior reason:**

- NA Yes No a. The school is aware of reason for the referral for Hospital/Homebound Services
- NA Yes No b. The student has a current IEP and current Behavior Management Plan (BMP).
- NA Yes No c. The student's current IEP and BMP have been implemented, revisited and modified.
- NA Yes No d. The student's needs have been referred to and served by a member of the Calcasieu Parish Behavior Intervention Team.
- \_\_\_\_ e. Not Applicable

**After reviewing the above information, the IEP/504 Committee recommends that**

\_\_\_\_ **Hospital/Homebound is the appropriate placement at this time.**

\_\_\_\_ **Hospital/Homebound is not the appropriate placement at this time.**

Why \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Committee members:**

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



**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

<b>Title:</b> Hospital/Homebound Rules and Regulations For Parents Students, And Teachers	<b>Document:</b> HHB 13	
	<b>Revision Date:</b> 8/11	
<b>DATE:</b>	<b>Page:</b> 1 of 1	

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1. Each Hospital/Homebound student will follow a regular plan of study. An Assignment Sheet listing all assignments will be given to the student. A failing grade may be given if the assigned work is not completed by the due date.
2. A student should not be absent for scheduled Hospital/Homebound classes. All appointments should be scheduled at times other than those set aside for instruction.
3. The student will be ready for instruction when the Hospital/Homebound teacher arrives. (The student will be clean, fed, and appropriately dressed). The student who is not ready for instruction will be marked absent for that class session.
4. The student will have completed all necessary nursing care before the teacher's arrival.
5. An appropriate work area in the home should be available for the Hospital/Homebound student and teacher.
6. The home environment will be conducive to learning. The following are not allowed in the instructional area: pets, smoking, consuming alcoholic beverages or illegal substance, playing television or radio, or using inappropriate language. The teacher and student should not be disturbed during the instructional time.
7. Alternate sites may be selected for instruction by the teacher with approval by the Discipline LRE/MRE Specialist.
8. A parent or responsible adult should be visibly present on the premises, fully dressed, and available during the entire instructional time. However, it is not recommended that parent/responsible adult stay in the same room as this may disturb the instructional process.
9. The teacher will notify the parents if it is necessary to cancel the regular visit. If the student is too ill for class, parents are to notify the Office of Hospital/Homebound immediately at 217.4300, ext. 3607. This is considered an absence and a medical excuse is required. The teacher should go to the home, pick up the previous assignments, and leave new assignments for the student to complete for the next scheduled visit.
10. Any cancellation of teaching sessions must be reported to the Office of Hospital/Homebound by the teacher. If the student is not present to receive instruction at the designated time, the absence will be reported to the Discipline LRE/MRE Specialist. Recurring absences will be dealt with on an individual basis. Excessive absences could result in failure for the semester and/or release from the Hospital/Homebound Program.
11. While placed on the Hospital/Homebound Program, a student is not allowed on the school campus without special permission from the Principal and Discipline LRE/MRE Specialist. A Hospital/Homebound student may not be employed if the employment interferes with the delivery of Hospital/Homebound services. The employment for any Hospital/Homebound student must be approved through the Supervisor of Hospital Homebound.
12. A physician's/psychologist's verification that the student is receiving ongoing care and treatment is necessary. It will be the responsibility of the parent/guardian to schedule appointments and have the appropriate form completed and signed each nine weeks documenting treatment dates for a student to continue being eligible for the Hospital Homebound Program.
13. A homebound teacher is responsible for all grades and assignments for the period of time that the student is served on Hospital/Homebound. Grade sheets will be submitted to the school. The counselor/teacher of the home based school will record the grades and issue a report card. Parents are responsible for making arrangements to receive the report cards from their home based school.
14. Parents and students are responsible for all assignments, completion of make-up work, and attendance matters prior to Hospital/Homebound placement. All required materials (textbook/s, workbook/s, etc.) must be obtained from the home-based school. Senior students are responsible for knowing and fulfilling graduation procedures and requirements mandated by their home-based school.

**I HAVE READ AND DISCUSSED THE ABOVE WITH THE HOSPITAL/HOMEBOUND TEACHER, AND AGREE WITH THE RULES AND REGULATIONS FOR PARENTS, STUDENTS, AND TEACHERS OF HOSPITAL/HOMEBOUND STUDENTS. I WILL COOPERATE TO THE BEST OF MY ABILITY IN IMPLEMENTING THESE REGULATIONS.**

Signature of Student	Date	Signature of Parent/Guardian	Date
Signature of Hospital/Homebound Teacher		Date	



**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

For use by Hospital/Homebound IEP Teacher

HHB 14

**Checklist of IEP Team Invitees When Considering  
Hospital/Homebound Placement for Special Education Student**

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_  
School \_\_\_\_\_

Reason for Possible Hospital/Homebound Placement Consideration \_\_\_\_\_

Persons who must attend

Position	Name	Telephone or Other Info	Date Attendance Confirmed
Pupil Appraisal MRE			
IEP Hospital/Homebound Teacher			
Sp Ed Behavior Interventionist			
ODR (Official Designated Represented)			
Reg Ed Teacher			
Sp Ed Teacher			
Parent			

Other persons who must attend or provide written input as needed:

Position	Name	Check if input needed		Date Confirmed
		Attendance	Written	
School Nurse				
Physical Therapist				
Occupational Therapist				
Speech Therapist				
APE Teacher				
ATAT Representative				
Vision Teacher				
Teacher of Hearing Impaired				

Other persons who may attend as needed

Position	Name	Check if input needed		Date Confirmed
		Attendance	Written	
Special Education Supervisor				
Program Facilitator				
Discipline LRE/MRE Specialist				
Director, Special Education				
Adm. Director, Special Services				
CPSB Legal Counsel				

Comments: \_\_\_\_\_

Confirmed IEP Meeting  
Date \_\_\_\_\_ Time \_\_\_\_\_ Site \_\_\_\_\_  
Signature of Hospital/Homebound IEP/IAP Teacher \_\_\_\_\_  
*Submit completed form copy to hospital/homebound clerk as soon as meeting confirmed*  
Date Submitted \_\_\_\_\_

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

For use by Hospital/Homebound 504 IAP Teacher

HHB 15

**Checklist of 504 IAP Team Invitees When Considering  
Hospital/Homebound Placement for Regular Education Student**

Student Name \_\_\_\_\_  
 Student ID \_\_\_\_\_  
 School \_\_\_\_\_  
 Reason for Possible Hospital/Homebound Placement Consideration \_\_\_\_\_  
 \_\_\_\_\_

Persons who must attend:

Position	Name	Telephone or Other Info	Date Attendance Confirmed
504 IAP Hospital/Homebound Teacher			
Principal/Designee			
School Test Coordinator			
Teacher			
Parent			

Other person who must attend or provide written input as needed

Position	Name	Check if input needed		Date Confirmed
		Attendance	Written	
Child Find				
School Nurse				

Other person who may attend as needed:

Position	Name	Check if input needed		Date Confirmed
		Attendance	Written	
Discipline LRE/MRE Specialist				
Director of Special Education				
Adm. Director, Special Services				
CPSB Legal Counsel				

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Confirmed 504 IAP Meeting  
 Date \_\_\_\_\_ Time \_\_\_\_\_ Site \_\_\_\_\_  
 \_\_\_\_\_ Signature of Hospital/Homebound IAP Teacher

*Submit completed form copy to hospital/homebound clerk as soon as meeting confirmed  
 Date Submitted \_\_\_\_\_*

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**Hospital/Homebound Absentee Letter to Parent      Document:      HHB 16**

**Title**

**Revision Date: 8/11**

**Date:**

**Page: 1 of 1**

---

**RE:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Case #:** \_\_\_\_\_

**Dear Parents:**

**Your child's Hospital/Homebound Teacher, \_\_\_\_\_, visited your home on \_\_\_\_\_ and reported that instruction was unable to be provided because:**

\_\_\_\_\_ **Student was not present.**

\_\_\_\_\_ **Adult was not present.**

\_\_\_\_\_ **Student was unwilling to participate.**

\_\_\_\_\_ **Other** \_\_\_\_\_

According to Calcasieu Parish School Board Policies and Procedures (File JB-Attendance), Elementary and Secondary students shall be present the minimum number of days as required by the State Board of Elementary and Secondary Education and enumerated in the Louisiana Handbook for School Administrators, Bulletin 741, to receive credit for courses taken. Currently, high school students shall be in attendance a minimum of eighty-one (81) days per semester, and elementary students must be in attendance a minimum of one hundred sixty (160) days per school year in order to receive credit for courses taken. Exception can be made only in the event of extended personal illness verified by a physician/medical record or if other extenuating circumstances exist and are approved by the Supervisor of Child Welfare in consultation with the school principal. Exception may also be made for schools operating on other than the traditional 182-day school calendar.

Since hospital/homebound is an exception to the traditional 182-day school calendar, according to Louisiana State Bulletin 741, the Hospital/Homebound student would be considered in attendance in the following ways:

- Half-day attendance – A student is considered to be in attendance for one-half day when he or she is physically present at a school site or is participating in class with authorized personnel for more than 25% but not more than half (26% - 50%) of the student's instructional day.
- Whole-day attendance – A student is considered to be in attendance for a whole day when he or she is physically present at a school site or is participating in class with authorized school personnel for more than 50% (51% - 100%) of the student's instructional day.

Bulletin 741 and CPSB Policies and Procedures extend the definition for attendance to students who are Hospital/Homebound. Consequently a hospital/homebound student shall meet the requirements stipulated therein for daily attendance and receipt of credit. A hospital/homebound student shall meet his/her scheduled classes and have a parent/responsible adult present, or face possible loss of credit under these guidelines.

It is imperative for your child to attend scheduled classes, in order to receive credit. This is your child's \_\_\_\_\_ absence from homebound class.

**If you have any questions, please feel free to call this office.**

**Sincerely,**

**Discipline LRE/MRE Specialist  
Special Education Department**





**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**Title:** Hospital/Homebound Data Sheet for Official Release  
of Student

**Document:** HHB 18

**Revision Date:** 8/11

**Date:**

**Page:** 1 of 1

**(This form indicates intent to release this student from the Hospital/Homebound Program. In all cases, an IEP or SBLC meeting must be held to determine placement. This release is only an indication that the student may no longer meet eligibility criteria for the Hospital/Homebound Program. Therefore, the school must hold an IEP or SBLC meeting immediately to determine further educational needs of the student.)**

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

DOB \_\_\_\_\_ CASE # \_\_\_\_\_ SCHOOL \_\_\_\_\_

ENTRY DATE \_\_\_\_\_ RELEASE DATE \_\_\_\_\_

Reason for Release \_\_\_\_\_ Expiration of time for qualified Hospital/Homebound placement.  
\_\_\_\_\_ Medical  
\_\_\_\_\_ Psychological Release  
\_\_\_\_\_ Other \_\_\_\_\_

**PLEASE NOTE:** It is the student's responsibility to return to school immediately upon release from the Hospital/Homebound Program. The school is responsible for marking this student absent or present each day after the above release date.

**END OF YEAR INFORMATION:**

Our records, at this time, indicate that for the following school year, \_\_\_\_\_,  
your child will \_\_\_\_\_ remain on the Hospital/Homebound Program at the beginning of the school year, **or** will  
\_\_\_\_\_ return to school, at the beginning of the school year.

**COMMENTS:**

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

**\*\*NOTE\*\* SEE ATTACHED GRADE REPORT FOR GRADES WHILE RECEIVING HOMEBOUND SERVICES.**

(X) \_\_\_\_\_  
Hospital/Homebound Lead Teacher

\_\_\_\_\_  
Print Name for Records

Copy: Counselor  
Parent  
HHB Teacher  
File







**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

FORM HHB 21

INDIVIDUAL STUDENT GRADE BOOK

---

NAME OF STUDENT

---

HOME-BASED SCHOOL

---

SCHOOL YEAR

---

NINE WEEKS PERIOD

---

HOSPITAL/HOMEBOUND TEACHER

---

LEAD TEACHER

---

BEGINNING DATE

---

ENDING DATE

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**FORM HHB 22**

<h1 style="margin: 0;">GRADE SHEET</h1>											
<b>NAME</b>							<b>NINE WEEKS</b>				

DATE											
PRESENT/ABSENT											
SUBJECT											
HOMEWORK											
TESTS											
SUBJECT											
HOMEWORK											
TESTS											
SUBJECT											
HOMEWORK											
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**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311  
HHB 22A**

**GRADE BOOK LEGEND**

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**FORM HHB 23**

**STUDENT LESSON PLAN / ASSIGNMENT SHEET**

STUDENT: \_\_\_\_\_ ID#: \_\_\_\_\_

All subjects are taught in correlation with the LA Standards and Benchmarks and GLEs , based on the student’s classroom teacher assignments stated in the Classroom Teacher Role. The materials used for instruction include, but are not limited to: Calcasieu Parish Curriculum Guide, Teacher Manuals, student textbooks and workbooks, and tests. Goals and Objectives: will be addressed in correlation with the hospital/homebound IEP and/or classroom teacher assignments. The Method of Instruction is based on the individual lessons: i.e. Discussion, question and answer, illustrations, lecture or other as required. The Evaluation Methods may include some or all of the following: observation, teacher/made tests, curriculum based test, oral question and answer, homework, hands on, and other methods as required.

DATE: \_\_\_\_\_ Class Time \_\_\_\_\_ P / A / T

CLASS/SUBJECT	LESSON	Grade

**HOSPITAL/HOMEBOUND  
PLACEMENT PACKET  
INFORMATION FOR  
SCHOOL COUNSELOR**

HOSPITAL/HOMEBOUND

REFERRAL FOR

PHYSICAL ILLNESS OR INJURY

**HOSPITAL/HOMEBOUND  
PLACEMENT PACKET  
INFORMATION FOR  
SCHOOL COUNSELOR**

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.882.0234, EXT. 108 FAX: 337.882.1337  
Responsibilities of the School Counselor**

The school counselor is responsible for:

- providing the appropriate Hospital/Homebound Packet to the students/parents;
- providing students with make-up work prior to hospital/homebound placement;
- acting as liaison between the hospital/homebound teacher and the classroom teacher;
- ensuring that the Hospital/Homebound Assignment Request (Form HHB 09, 09A, 10, 10A) is sent to classroom teacher(s);
- faxing all information as requested on the Hospital/Homebound School Counselor Letter (Form HHB 08);
- distributing hospital/homebound attendance records and grades to the appropriate classroom teacher(s);
- notifying the hospital/homebound student of graduation procedures and requirements;  
making available to all pregnant students information on the Calcasieu Parish School Age Mothers (SAM) Program;
- attending IEP/504, (SBLC) meetings to review eligibility of students for the Hospital/Homebound Program;
- providing current records for the 504/IEP meeting including, report card, class schedule, LEAP – GEE scores, year to date attendance, disciplinary concerns, or issues; and
- faxing notification to the Hospital/Homebound Clerk that the SBLC or IEP Committee has agreed with and/or set the hospital/homebound student release date.



HOSPITAL/HOMEBOUND

REFERRAL FOR

PHYSICAL ILLNESS OR INJURY

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**THIS FORM TO BE COMPLETED BY THE SCHOOL  
COUNSELOR AND FAXED TO THE HOSPITAL/HOMEBOUND  
DEPARTMENT**

<b>Title</b>	APPLICATION FORM FOR HOSPITAL/HOMEBOUND SERVICES	<b>Document:</b>	HHB 00
<b>Date:</b>		<b>Revision Date:</b>	8/11
		<b>Page:</b>	1 of 1

**STUDENT ID** \_\_\_\_\_

**STUDENT NAME** \_\_\_\_\_

**BIRTHDATE** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **SEX** \_\_\_\_\_

**SS#** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**PARENT NAME** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**MAIL ADDRESS** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**WORK PHONE** \_\_\_\_\_

**REASON FOR HOMEBOUND REQUEST**  
PLEASE CIRCLE ONE  
PLEASE SPECIFY

MEDICAL                      PSYCHOLOGICAL                      PREGNANCY

**IF PREGNANCY, DUE DATE** \_\_\_\_\_

**PROBATION OFFICER, if applicable** \_\_\_\_\_

**Contact Information** \_\_\_\_\_

**Does the student currently have an IEP?**     Yes     No

**If yes, attach a copy.**

**Does the student currently have an IAP?**     Yes     No

**If yes, attach a copy.**

**School Counselor's Name:** \_\_\_\_\_ **School Counselor's Phone #:** \_\_\_\_\_

**DATE GIVEN TO PARENT: NOTE: This form does not automatically enter a student into the Hospital/Homebound Program. Hospital/Homebound Program placement does not begin for a student until all eligibility criteria have been met, as determined by the Discipline LRE/MRE Specialist.**

Original – School Counselor  
Copies: Hospital/Homebound File - fax to 337.217.4311 - Clerk  
Parent with Hospital/Homebound Packet

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**Title: Hospital/Homebound Parent Letter  
Physical Injury or Illness**

**Document: HHB 01A**

**Revision Date: 8/11**

**Date:**

**Page: 1 of 1**

---

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

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

City, State, Zip: \_\_\_\_\_

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

DOB : \_\_\_\_\_

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

Dear Parent(s):

Please have the enclosed forms completed by the attending physician for medical reasons if you desire Hospital/Homebound services for your child. The forms must be returned in the self-addressed envelope immediately or hand delivered to Special Services Dept., 3301 Old Spanish Trail, Westlake, LA 70669.

According to state and parish guidelines, a student is eligible for Hospital/Homebound instruction on the 11<sup>th</sup> school day following an absence of more than ten (10) consecutive school days for a qualifying illness. Hospital/Homebound placement does not begin for a student until all eligibility criteria have been met, as determined by the Discipline LRE/MRE Specialist. Hospital/Homebound teachers are only responsible for work missed during Hospital/Homebound placement.

**Necessary arrangements will be made upon receipt and a successful review of the following forms:**

- (1) the Hospital/Homebound Application Form (Form HHB 00)**
- (2) the Hospital/Homebound Physician's Verification Form, (Form HHB 02A)**
- (3) the Hospital/Homebound Physician's Referral Form for Temporary Placement for Physical Illness or Injury (Form HHB 03A)**
- (4) the Hospital/Homebound Reciprocal Release of Information Form (Form HHB 04)**

The parent/legal guardian is responsible for completing all necessary paperwork as soon as possible to avoid unnecessary absences. All forms must be completed prior to placement in the Hospital/Homebound Program.

Sincerely,  
Discipline LRE/MRE Specialist  
Special Education Department

cb  
Enclosure  
Copy: File

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

## **TREATMENT PROVIDERS – PLEASE NOTE**

**The following Hospital/Homebound Referral Form is to be filled out completely. Each item must be completed in order for the student to be considered for placement in the Hospital/Homebound Program.**

**If any item is not filled out completely, this will result in the student's placement in the Hospital/Homebound Program being denied or delayed.**

**For questions or further information, please call Connie Briley at (337) 217.4300 ext. 3607.**

**I appreciate your assistance and cooperation.**

**Sincerely,**

**Connie Briley, Clerk  
Hospital/Homebound Program**

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

<b>Title: Hospital/Homebound Physician Verification Form Physical Illness or Injury</b>	<b>Document: HHB 02A Revision Date: 8/11 Page: 1 of 1</b>
<b>Date:</b> _____	

Physician Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Student Name \_\_\_\_\_  
DOB \_\_\_\_\_  
School \_\_\_\_\_

Dear Dr. \_\_\_\_\_

Hospital/Homebound is the most restrictive environment in education. Therefore, it is advantageous for the student to return to the least restrictive environment, which is the regular school setting.

According to state and parish guidelines, a student is eligible for Hospital/Homebound instruction on the 11<sup>th</sup> school day following an absence of more than ten (10) consecutive school days for a qualifying illness. Hospital/Homebound placement does not begin for a student until all eligibility criteria have been met, as determined by the Discipline LRE/MRE Specialist. Hospital/Homebound teachers are only responsible for work missed during Hospital/Homebound placement.

A physician's verification that the student is receiving ongoing care and treatment is necessary each six (6) weeks. It will be the responsibility of the parent/guardian to schedule appointments and have the appropriate form completed and signed each six (6) weeks documenting treatment dates for a student to continue being eligible for the Hospital/Homebound Program.

Your cooperation in helping our students is appreciated.

Sincerely,  
Discipline LRE/MRE Specialist  
Special Education Department

PLEASE  
SIGN  
HERE →

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

PLEASE  
DATE  
HERE →

\_\_\_\_\_  
Date

Physician's signature is necessary for student's application to be considered for Hospital/Homebound placement. Please attach to form HHB-03A.

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

<b>Title:</b>	<b>Hospital/Homebound Referral For Temporary Placement for</b>	<b>Document:</b>	<b>HHB 03A</b>
	<b>Physical Illness or Injury</b>	<b>Revision Date:</b>	<b>8/11</b>
<b>Date:</b>		<b>Page:</b>	<b>1</b>

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_  
 Parent Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Home Address \_\_\_\_\_

**Medical Certification: THIS SECTION IS TO BE COMPLETED BY A PROPERLY CERTIFIED PHYSICIAN.**  
 The undersigned certifies that the above named student is unable to attend school for the following **MEDICAL** reason. **A SPECIFIC DIAGNOSIS OF THE MEDICAL COMPLICATION AND HOW THIS COMPLICATION PREVENTS SCHOOL ATTENDANCE IS NECESSARY IN ORDER FOR THE CALCASIEU PARISH SCHOOL SYSTEM TO SERVE THE HOSPITAL/HOMEBOUND STUDENT APPROPRIATELY.**

Please explain medical complication → **PHYSICAL ILLNESS/DIAGNOSIS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Explain → **Medication** \_\_\_\_\_ **Negative effects, if any** \_\_\_\_\_

Explain → **IS THE STUDENT ABLE TO ATTEND REGULAR SCHOOL WITH THE ABOVE DIAGNOSIS?** \_\_\_\_ YES \_\_\_\_ NO

Please explain → **IF NO, HOW DOES THE ABOVE DIAGNOSIS AFFECT THE EDUCATIONAL HOURS?** \_\_\_\_\_  
 \_\_\_\_\_

**DOES THE STUDENT HAVE AN INFECTIOUS OR COMMUNICABLE DISEASE?** \_\_\_\_ YES \_\_\_\_ NO

Please complete → **IF YES, PLEASE LIST NECESSARY PRECAUTIONS** \_\_\_\_\_

→ **Date of last examination/treatment:** \_\_\_\_\_

The Calcasieu Parish School System requires a Treatment Plan completed by a physician if the student is to qualify for the Hospital/Homebound Program.

What is the treatment plan for above diagnosis? → I certify that the student is receiving a program of care and treatment as prescribed below and I will verify the student's continuing qualification by completing HHB 03A a minimum of every six weeks.  
 \_\_\_\_\_  
 \_\_\_\_\_

Please Mark → The expected duration of the condition which prevents school attendance is:

\_\_\_\_ 3 weeks \_\_\_\_ 4 weeks \_\_\_\_ 5 weeks \_\_\_\_ 6 weeks

Complete → **Physician's Name (Type or Print)** \_\_\_\_\_

→ **Address** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

→ **Physician's Original Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**STAMPED SIGNATURE WILL NOT BE ACCEPTABLE\*\*\***

**MAIL THE ORIGINAL TO: 3301 OLD SPANISH TRAIL, WESTLAKE, LA 70669  
 ATTN: HOMEBOUND FAX #337.217.4311**

COPY Student - Teacher - Discipline LRE/MRE Specialist - Counselor's Office



**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**Responsibilities of the Parent**

Parents of a student requiring hospital/homebound instruction are responsible for:

- registering the student in a Calcasieu Parish School System prior to applying for hospital/homebound services;
- notifying the school counselor if the student has an injury or illness that would require an absence of ten (10) consecutive school days or more;
- submitting the completed Hospital/Homebound Packet Forms for hospital/homebound services to the Hospital/Homebound Department which include the following:
  - Hospital/Homebound Referral for Temporary Placement for Physical Illness or Injury (Form HHB 03A), or Hospital/Homebound for Temporary Placement for Psychological Condition (Form HHB 03B), or School Age Mothers (SAM) Program for Temporary Placement for Pregnancy with Complication (Form HHB 03C),
  - The appropriate Hospital/Homebound Physician/Psychologist Verification Form (Form HHB 02A, HHB 02B, or HHB 02C), and
  - Hospital/Homebound Reciprocal Release of Information Form (Form HHB 04)
- ensuring that hospital/homebound student's textbooks and workbooks are picked up from the school prior to first class;
- attending IEP/504 conference with Hospital/Homebound IEP/IAP Teacher on the agreed time and date;
- reading, signing, and adhering to Hospital/Homebound Rules and Regulations for Parents, Students, and Teachers (Form HHB 13);
- cooperating with the hospital/homebound teacher in scheduling days, time, and location of hospital/homebound class sessions;
- transporting the hospital/homebound student in a prompt manner to and from hospital/homebound classes, when held at a location other than home;
- scheduling of required treatment plan and providing updated medical form and documentation of plan to the hospital/homebound teacher each six weeks every six weeks;
- ensuring that all prior school work (assignments and incompletes ("I"s) prior to hospital/homebound placement, will be completed by the student independent of the hospital/homebound teacher;
- ensuring that all previous classroom absences, prior to hospital/homebound placement, are addressed with the school;
- ensuring that a medical release is given to the hospital/homebound teacher and to the home based school prior to release date of hospital/homebound services;
- ensuring the student attends his/her school on the release date;
- ensuring that any or all textbooks, library books, etc. used exclusively while on hospital/homebound are returned to the school upon reentry to a regular school setting; and
- ensuring that the hospital/homebound student is prepared for class and ready to receive instruction during the scheduled time.



**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311  
Responsibilities of the Hospital/Homebound Student**

A student placed on the Hospital/Homebound Program is responsible for:

- adhering to Hospital/Homebound Rules and Regulations for Parents, Students and Teachers;
- securing textbooks, workbooks, and supplies obtained prior to first hospital/ homebound class;
- attending scheduled classes;
- completing all assigned lessons;
- scheduling all appointments at times other than those set aside for instruction;
- cooperating in establishing an appropriate learning environment. The following **are not allowed** in the home during instructional time: pets, smoking, consuming alcoholic beverages or illegal substances, playing television or radio, or using inappropriate language;
- following the school's Visitation Policy when desiring to visit his/her home based school;
- working with his/her home based school to fulfill all attendance, assignments, class requirements, and graduation procedures **prior** to placement into the Hospital/Homebound Program;
- completing all assignments and tests within the next nine weeks period to clear incompletes ("I"s) assigned while on the Hospital/Homebound Program the previous nine weeks. Assignments and tests not completed within the next nine weeks period will receive a grade of zero; and
- providing the appropriate updated medical referral form to the Hospital/Homebound Department if the probable period of confinement requires an extension of service.

**NOTE:**

**Senior students are responsible for knowing and fulfilling graduation procedures and requirements mandated by their home based school.**

HOSPITAL/HOMEBOUND

REFERRAL FOR

PSYCHOLOGICAL CONDITION

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**THIS FORM TO BE COMPLETED BY THE SCHOOL  
COUNSELOR AND FAXED TO THE HOSPITAL/HOMEBOUND  
DEPARTMENT**

Title	Document:	HHB 00
Date: 9/2/11	Revision Date:	7/07
	Page:	1 of 1

STUDENT ID \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE: \_\_\_\_\_ SEX \_\_\_\_\_

SS# \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

MAIL ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

REASON FOR HOMEBOUND REQUEST  
PLEASE CIRCLE ONE  
PLEASE SPECIFY

<u>MEDICAL</u>	<u>PSYCHOLOGICAL</u>	<u>PREGNANCY</u>
----------------	----------------------	------------------

IF PREGNANCY, DUE DATE \_\_\_\_\_

PROBATION OFFICER, if applicable \_\_\_\_\_

Contact Information \_\_\_\_\_

School Counselor Name: \_\_\_\_\_ School Counselor's Phone#: \_\_\_\_\_

Does the student currently have an IEP?  Yes  No

If yes, attach a copy.

Does the student currently have an IAP?  Yes  No

If yes, attach a copy.

DATE GIVEN TO PARENT \_\_\_\_\_

**NOTE: This form does not automatically enter a student into the Hospital/Homebound Program. Hospital/Homebound Program placement does not begin for a student until all eligibility criteria have been met, as determined by the Discipline LRE/MRE Specialist.**

Original – School Counselor  
Copies: Hospital/Homebound File - fax to 337.217.4311 - Clerk  
Parent with Hospital/Homebound Packet

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**Title:** Hospital/Homebound Parent Letter for Psychological Condition      **Document:** HHB 01B  
**Revision Date:** 7/07  
**Date:** \_\_\_\_\_      **Page:** 1 of 1

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Parent Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, \_\_\_\_\_

Student Name \_\_\_\_\_  
DOB \_\_\_\_\_  
School \_\_\_\_\_

Dear Parent(s):

Please have the enclosed forms completed by a licensed psychiatrist, licensed clinical psychologist, or a licensed clinical social worker for psychological reasons if you desire Hospital/Homebound services for your child. The forms must be returned in the self-addressed envelope immediately or hand delivered to Special Services Dept., 3301 Old Spanish Trail, Westlake, LA 70669.

According to state and parish guidelines, a student is eligible for Hospital/Homebound instruction on the 11<sup>th</sup> school day following an absence of more than ten (10) consecutive school days for a qualifying illness. Hospital/Homebound placement does not begin for a student until all eligibility criteria have been met, as determined by the Discipline LRE/MRE Specialist. Hospital/Homebound teachers are only responsible for work missed during Hospital/Homebound placement.

**Necessary arrangements will be made upon receipt and a successful review of the following forms:**

- (1) the Hospital/Homebound Application Form (Form HHB 00)**
- (2) the Hospital/Homebound Psychologist Verification Form (Form HHB 02B)**
- (3) the Hospital/Homebound Psychologist Referral Form for Temporary Placement for Psychological Condition (Form HHB 03B)**
- (4) the Hospital/Homebound Reciprocal Release of Information Form (Form HHB 04)**

The parent/legal guardian is responsible for completing all necessary paperwork as soon as possible to avoid unnecessary absences. All forms must be completed prior to placement in the Hospital/Homebound Program.

Sincerely,  
Discipline LRE/MRE Specialist  
Special Education Department

cb  
Enclosure  
Copy: File

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311  
TREATMENT PROVIDERS – PLEASE NOTE**

**The following Hospital/Homebound Referral Form is to be filled out completely. Each item must be completed in order for the student to be considered for placement in the Hospital/Homebound Program.**

**If any item is not filled out completely, this will result in the student's placement in the Hospital/Homebound Program being denied or delayed.**

**For questions or further information, please call Connie Briley at (337) 217.4300 ext. 3607.**

**I appreciate your assistance and cooperation.**

**Sincerely,**

**Connie Briley, Clerk  
Hospital/Homebound Program**

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

<b>Title: Hospital/Homebound Psychiatrist/Psychologist/ Social Worker Verification Form</b>	<b>Document: HHB 02B</b>
<b>Date:</b>	<b>Revision Date: 7/07</b>
	<b>Page: 1 of 1</b>

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

Address \_\_\_\_\_

\_\_\_\_\_

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

DOB \_\_\_\_\_

School \_\_\_\_\_

Dear Dr. \_\_\_\_\_

Hospital/Homebound is the most restrictive environment in education. Therefore, it is advantageous for the student to return to the least restrictive environment, which is the regular school setting.

According to state and parish guidelines, a student is eligible for Hospital/Homebound instruction on the 11<sup>th</sup> school day following an absence of more than ten (10) consecutive school days for a qualifying illness. Hospital/Homebound placement does not begin for a student until all eligibility criteria have been met, as determined by the Discipline LRE/MRE Specialist. Hospital/Homebound teachers are only responsible for work missed during Hospital/Homebound placement.

A licensed psychiatrist, licensed clinical psychologist, or a licensed clinical social worker's verification that the student is receiving ongoing care and treatment is necessary each six (6) weeks. It will be the responsibility of the parent/guardian to schedule appointments and have the appropriate form completed and signed each six (6) weeks documenting treatment dates for a student to continue being eligible for the Hospital/Homebound Program.

Your cooperation in helping our students is appreciated.

Sincerely,  
Discipline LRE/MRE Specialist  
Special Education Department

**Please  
Sign  
Here**

**Please  
Date  
Here**



\_\_\_\_\_  
Original Signature of Licensed Psychiatrist,  
Licensed Clinical Psychologist, or  
Licensed Clinical Social Worker



\_\_\_\_\_  
Date

Licensed psychiatrist, licensed clinical psychologist, or a licensed clinical social worker's signature is necessary for student's application to be considered for Hospital/Homebound placement. Please attach to form HHB-03B.

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

<b>Title:</b>	<b>Hospital/Homebound Referral for Temporary Placement For</b>	<b>Document:</b>	<b>HHB 03B</b>
	<b>Psychological Condition</b>	<b>Revision Date:</b>	<b>7/07</b>
<b>Date:</b>		<b>Page:</b>	<b>1</b>

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_  
 Parent Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Home Address \_\_\_\_\_

**Psychological Certification: THIS SECTION IS TO BE COMPLETED BY A LICENSED PSYCHIATRIST, LICENSED CLINICAL PSYCHOLOGIST, OR LICENSED CLINICAL SOCIAL WORKER.**

The undersigned certifies that the above named student is unable to attend school for the following **PSYCHOLOGICAL** reason. **A SPECIFIC DIAGNOSIS OF THE PSYCHOLOGICAL CONDITION AND HOW THIS CONDITION PREVENTS SCHOOL ATTENDANCE IS NECESSARY IN ORDER FOR THE CALCASIEU PARISH SCHOOL SYSTEM TO SERVE THE HOSPITAL/HOMEBOUND STUDENT APPROPRIATELY.**

Please explain psychological complication  
→

**PSYCHOLOGICAL CONDITION/DIAGNOSIS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

→

**Medication** \_\_\_\_\_ **Negative effects, if any** \_\_\_\_\_

→

**IS THE STUDENT ABLE TO ATTEND REGULAR SCHOOL WITH THE ABOVE DIAGNOSIS?** \_\_\_\_ YES \_\_\_\_ NO

Please explain  
→

**IF NO, HOW DOES THE ABOVE DIAGNOSIS AFFECT THE EDUCATIONAL HOURS?** \_\_\_\_\_

→

**DOES THE STUDENT HAVE AN INFECTIOUS OR COMMUNICABLE DISEASE?** \_\_\_\_ YES \_\_\_\_ NO

**IF YES, PLEASE LIST NECESSARY PRECAUTIONS:** \_\_\_\_\_

→

**Date of last examination/treatment:** \_\_\_\_\_

The Calcasieu Parish School System requires a Treatment Plan completed by a licensed psychiatrist, licensed clinical psychologist, licensed clinical social worker if the student is to qualify for the Hospital/Homebound Program.

What is the treatment plan for above diagnosis?  
→

I certify that the student is receiving a program of care and treatment as prescribed below and I will verify the student's continuing qualification by completing HHB 03B a minimum of every six weeks.

Please Mark  
→

The expected duration of the condition which prevents school attendance is:

\_\_\_\_ 3 weeks \_\_\_\_ 4 weeks \_\_\_\_ 5 weeks \_\_\_\_ 6 weeks

Complete  
→

Licensed Psychiatrist, Licensed Clinical Psychologist, Licensed Clinical Social Worker \_\_\_\_\_

→

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

→

**Original Signature of Treatment Provider** \_\_\_\_\_ **Date** \_\_\_\_\_

**STAMPED SIGNATURE WILL NOT BE ACCEPTABLE\*\*\***

**MAIL THE ORIGINAL TO: 3301 OLD SPANISH TRAIL, WESTLAKE, LA 70669  
ATTN: HOMEBOUND FAX #337.217.4311**

COPY Student - Teacher - Supervisor of H/HB Office - Counselor's Office

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**Title:** Hospital/Homebound Reciprocal Release of Information  
**Document:** HHB 04  
**Revision Date:** 7/07  
**Date:** \_\_\_\_\_ **Page:** 1 of 1

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This release authorizes Calcasieu Parish School System to release to the physician listed below:

\_\_\_\_\_  
**Physician Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Parish/County**

any of the following information.

This release authorizes: **(Physician's Name)** \_\_\_\_\_  
To release to:

Calcasieu Parish School System  
Hospital/Homebound Program  
3301 Old Spanish Trail  
Westlake, LA 70669  
Phone: 337-217-4300, ext. 3607  
Fax: 337-217.4311

**Attention: Discipline LRE/MRE Specialist**

Information as described below pertaining to:

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

\_\_\_\_\_  
**Date of Birth**

Any of the following information:

\_\_\_\_\_ Medical

\_\_\_\_\_ Social

\_\_\_\_\_ Psychological

\_\_\_\_\_ IEP

\_\_\_\_\_ IHCP

\_\_\_\_\_ Educational Evaluation

\_\_\_\_\_ IAP

\_\_\_\_\_ Other \_\_\_\_\_

This information is requested to assist in determining eligibility for Special Education services or Hospital/Homebound services, and will not be released to any other source or used for any purpose other than the one stated above.

This authorization is effective from the date of the appended signature and will remain in effect for one (1) calendar year. Authorization is subject to written revocation at any time except to the extent that action has already been taken in reliance upon this document.

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

\_\_\_\_\_  
**Date of Signature**

\_\_\_\_\_  
**Signature of Witness**

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



**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**Responsibilities of the Parent**

Parents of a student requiring hospital/homebound instruction are responsible for:

- registering the student in a Calcasieu Parish School System prior to applying for hospital/homebound services;
- notifying the school counselor if the student has an injury or illness that would require an absence of ten (10) consecutive school days or more;
- submitting the completed Hospital/Homebound Packet Forms for hospital/homebound services to the Hospital/Homebound Department which include the following:
  - Hospital/Homebound Referral for Temporary Placement for Physical Illness or Injury (Form HHB 03A), or Hospital/Homebound for Temporary Placement for Psychological Condition (Form HHB 03B), or School Age Mothers (SAM) Program for Temporary Placement for Pregnancy with Complication (Form HHB 03C),
  - The appropriate Hospital/Homebound Physician/Psychologist Verification Form (Form HHB 02A, HHB 02B, or HHB 02C), and
  - Hospital/Homebound Reciprocal Release of Information Form (Form HHB 04)
- ensuring that hospital/homebound student's textbooks and workbooks are picked up from the school prior to first class;
- attending IEP/504 conference with Hospital/Homebound IEP/IAP Teacher on the agreed time and date;
- reading, signing, and adhering to Hospital/Homebound Rules and Regulations for Parents, Students, and Teachers (Form HHB 13);
- cooperating with the hospital/homebound teacher in scheduling days, time, and location of hospital/homebound class sessions;
- transporting the hospital/homebound student in a prompt manner to and from hospital/homebound classes, when held at a location other than home;
- scheduling of required treatment plan and providing updated medical form and documentation of plan to the hospital/homebound teacher each six weeks) every six weeks;
- ensuring that all prior school work (assignments and incompletes ("I"s) prior to hospital/homebound placement, will be completed by the student independent of the hospital/homebound teacher;
- ensuring that all previous classroom absences, prior to hospital/homebound placement, are addressed with the school;
- ensuring that a medical release is given to the hospital/homebound teacher and to the home based school prior to release date of hospital/homebound services;
- ensuring the student attends his/her school on the release date;
- ensuring that any or all textbooks, library books, etc. used exclusively while on hospital/homebound are returned to the school upon reentry to a regular school setting; and
- ensuring that the hospital/homebound student is prepared for class and ready to receive instruction during the scheduled time.

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**Responsibilities of the Hospital/Homebound Student**

A student placed on the Hospital/Homebound Program is responsible for:

- adhering to Hospital/Homebound Rules and Regulations for Parents, Students and Teachers;
- securing textbooks, workbooks, and supplies obtained prior to first hospital/ homebound class;
- attending scheduled classes;
- completing all assigned lessons;
- scheduling all appointments at times other than those set aside for instruction;
- cooperating in establishing an appropriate learning environment. The following **are not allowed** in the home during instructional time: pets, smoking, consuming alcoholic beverages or illegal substances, playing television or radio, or using inappropriate language;
- following the school's Visitation Policy when desiring to visit his/her home based school;
- working with his/her home based school to fulfill all attendance, assignments, class requirements, and graduation procedures prior to placement into the Hospital/Homebound Program;
- completing all assignments and tests within the next six weeks period to clear incompletes ("I"s) assigned while on the Hospital/Homebound Program the previous six weeks. Assignments and tests not completed within the next six weeks period will receive a grade of zero; and
- providing the appropriate updated medical referral form to the Hospital/Homebound Department if the probable period of confinement requires an extension of service.

**NOTE:**

**Senior students are responsible for knowing and fulfilling graduation procedures and requirements mandated by their home based school.**

SCHOOL AGE MOTHERS  
(SAM) REFERRAL

PREGNANCY WITH  
COMPLICATIONS



**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**Title:** School Age Mothers (SAM) Program Parent Letter      **Document:** HHB 01C  
**Date:** \_\_\_\_\_      **Revision Date:** 6/06  
\_\_\_\_\_      **Page:** 1 of 1

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

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

DOB \_\_\_\_\_

School \_\_\_\_\_

Dear Parent(s):

Please have the enclosed forms completed by the attending physician for pregnancy reasons if you desire School Age Mothers (SAM) Program services for your child. The forms must be returned in the self-addressed envelope immediately or hand delivered to Special Services Dept., 3301 Old Spanish Trail, Westlake, LA 70669.

According to state and parish guidelines, a student is eligible for Hospital/Homebound instruction on the 11<sup>th</sup> school day following an absence of more than ten (10) consecutive school days for a qualifying illness. Hospital/Homebound placement does not begin for a student until all eligibility criteria have been met, as determined by the Discipline LRE/MRE Specialist. Hospital/Homebound teachers are only responsible for work missed during Hospital/Homebound placement.

**Necessary arrangements will be made upon receipt and a successful review of the following forms:**

- (1) the Hospital/Homebound Application Form (Form HHB 00)**
- (2) the SAM Physician Verification Form (Form HHB 02C)**
- (3) the SAM Physician's Referral Form for Temporary Placement for Pregnancy with Complications (Form HHB 03C)**
- (4) the Hospital/Homebound Reciprocal Release of Information Form, (Form HHB 04)**

The parent/legal guardian is responsible for completing all necessary paperwork as soon as possible to avoid unnecessary absences. All forms must be completed prior to placement in the Hospital/Homebound Program.

Sincerely,  
Discipline LRE/MRE Specialist  
Special Education Department

cb  
Enclosure  
Copy: File

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

## **TREATMENT PROVIDERS – PLEASE NOTE**

**The following Hospital/Homebound Referral Form is to be filled out completely. Each item must be completed in order for the student to be considered for placement in the Hospital/Homebound Program.**

**If any item is not filled out completely, this will result in the student's placement in the Hospital/Homebound Program being denied or delayed.**

**For questions or further information, please call Connie Briley at (337) 217.4300 ext. 3607.**

**I appreciate your assistance and cooperation.**

**Sincerely,**

**Connie Briley, Clerk  
Hospital/Homebound Program**

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**Title: School Age Mothers (SAM) Program Physician  
Verification Form**

**Document: HHB 02C**

**Revision Date: 4/06**

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

**Page: 1 of 1**

Physician Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

DOB \_\_\_\_\_

School \_\_\_\_\_

Dear Dr. \_\_\_\_\_

Hospital/Homebound is the most restrictive environment in education. Therefore, it is advantageous for the student to return to the least restrictive environment, which is the regular school setting.

According to state and parish guidelines, a student is eligible for Hospital/Homebound instruction on the 11<sup>th</sup> school day following an absence of more than ten (10) consecutive school days for a qualifying illness. Hospital/Homebound placement does not begin for a student until all eligibility criteria have been met, as determined by the Discipline LRE/MRE Specialist. Hospital/Homebound teachers are only responsible for work missed during Hospital/Homebound placement.

A licensed physician's verification that the student is receiving ongoing care and treatment is necessary each six (6) weeks. It will be the responsibility of the parent/guardian to schedule appointments and have the appropriate form completed and signed each six (6) weeks documenting treatment dates for a student to continue being eligible for the School Age Mothers (SAM) Program.

Your cooperation in helping our students is appreciated.

Sincerely,  
Discipline LRE/MRE Specialist  
Special Education Department

Please sign



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

Please date



\_\_\_\_\_  
Date

Licensed physician's signature is necessary for student's application to be considered for placement in the SAM Program. Please attach to form HHB-03C.

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

<b>Title:</b>	<b>School Age Mothers (SAM) Program Referral For Temporary Placement For Pregnancy with Complications</b>	<b>Document:</b>	<b>HHB 03C</b>
		<b>Revision Date:</b>	<b>4/06</b>
<b>Date:</b>		<b>Page:</b>	<b>1</b>

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_  
 Parent Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Home Address \_\_\_\_\_

**Medical Certification: THIS SECTION IS TO BE COMPLETED BY A PROPERLY CERTIFIED PHYSICIAN.**  
 The undersigned certifies that the above named student is unable to attend school for the following **MEDICAL** reason. **A SPECIFIC DIAGNOSIS OF THE MEDICAL COMPLICATION OF PREGNANCY AND HOW THIS COMPLICATION PREVENTS SCHOOL ATTENDANCE IS NECESSARY IN ORDER FOR THE CALCASIEU PARISH SCHOOL SYSTEM TO SERVE THE STUDENT IN THE SAM PROGRAM APPROPRIATELY. PREGNANCY COMPLICATION/DIAGNOSIS** \_\_\_\_\_

Please explain pregnancy complication →

Please Complete → **PLEASE NOTE: Pregnancy alone does not qualify a student for the SAM Program, please explain specific complication.**  
 Due Date \_\_\_\_\_

→ Medication \_\_\_\_\_ Negative effects, if any \_\_\_\_\_

→ **IS THE STUDENT ABLE TO ATTEND REGULAR SCHOOL WITH THE ABOVE DIAGNOSIS? \_\_\_\_ YES \_\_\_\_ NO**

Please explain → **IF NO, HOW DOES THE ABOVE DIAGNOSIS AFFECT THE EDUCATIONAL HOURS?** \_\_\_\_\_

Please explain → **IS THE STUDENT ABLE TO ATTEND A MODIFIED SCHOOL DAY/WEEK AT THE SAM PROGRAM IN ORDER TO BENEFIT FROM THE SPECIAL DESIGNED PROGRAM FOR SCHOOL AGE MOTHERS? \_\_\_\_ YES \_\_\_\_ NO**

→ **IF NO, HOW DOES THE ABOVE DIAGNOSIS AFFECT THE EDUCATIONAL HOURS FOR THE SAM PROGRAM?** \_\_\_\_\_

→ **DOES THE STUDENT HAVE AN INFECTIOUS OR COMMUNICABLE DISEASE? \_\_\_\_ YES \_\_\_\_ NO**

→ **IF YES, PLEASE LIST NECESSARY PRECAUTIONS** \_\_\_\_\_

→ **Date of last examination/treatment:** \_\_\_\_\_

Please explain Treatment Plan → The Calcasieu Parish School System requires a Treatment Plan completed by a physician if the student is to qualify for the Hospital/Homebound Program.

I certify that the student is receiving a program of care and treatment as prescribed below and I will verify the student's continuing qualification by completing HHB 03C a minimum of every six weeks.

→ The expected duration of the condition which prevents school attendance is:

Please sign and date. → \_\_\_\_\_ 3 weeks \_\_\_\_\_ 4 weeks \_\_\_\_\_ 5 weeks \_\_\_\_\_ 6 weeks

→ Physician's Name (Type or Print) \_\_\_\_\_

→ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

→ Physician's Original Signature \_\_\_\_\_ Date \_\_\_\_\_

**STAMPED SIGNATURE WILL NOT BE ACCEPTABLE\*\*\***

**MAIL THE ORIGINAL TO: 3301 OLD SPANISH TRAIL, WESTLAKE, LA 70669**

**ATTN: HOMEBOUND FAX #337.217.4311**

**COPY Student - Teacher - Discipline LRE/MRE Specialist - Counselor's Office**





**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**Responsibilities of the Parent**

Parents of a student requiring hospital/homebound instruction are responsible for:

- registering the student in a Calcasieu Parish School System prior to applying for hospital/homebound services;
- notifying the school counselor if the student has an injury or illness that would require an absence of ten (10) consecutive school days or more;
- submitting the completed Hospital/Homebound Packet Forms for hospital/homebound services to the Hospital/Homebound Department which include the following:
  - Hospital/Homebound Referral for Temporary Placement for Physical Illness or Injury (Form HHB 03A), or Hospital/Homebound for Temporary Placement for Psychological Condition (Form HHB 03B), or School Age Mothers (SAM) Program for Temporary Placement for Pregnancy with Complication (Form HHB 03C),
  - The appropriate Hospital/Homebound Physician/Psychologist Verification Form (Form HHB 02A, HHB 02B, or HHB 02C), and
  - Hospital/Homebound Reciprocal Release of Information Form (Form HHB 04)
- ensuring that hospital/homebound student's textbooks and workbooks are picked up from the school prior to first class;
- attending IEP/504 conference with Hospital/Homebound IEP/IAP Teacher on the agreed time and date;
- reading, signing, and adhering to Hospital/Homebound Rules and Regulations for Parents, Students, and Teachers (Form HHB 13);
- cooperating with the hospital/homebound teacher in scheduling days, time, and location of hospital/homebound class sessions;
- transporting the hospital/homebound student in a prompt manner to and from hospital/homebound classes, when held at a location other than home;
- scheduling of required treatment plan and providing updated medical form and documentation of plan to the hospital/homebound teacher each six weeks every six weeks;
- ensuring that all prior school work (assignments and incompletes ("I"s) prior to hospital/homebound placement, will be completed by the student independent of the hospital/homebound teacher;
- ensuring that all previous classroom absences, prior to hospital/homebound placement, are addressed with the school;
- ensuring that a medical release is given to the hospital/homebound teacher and to the home based school prior to release date of hospital/homebound services;
- ensuring the student attends his/her school on the release date;
- ensuring that any or all textbooks, library books, etc. used exclusively while on hospital/homebound are returned to the school upon reentry to a regular school setting; and
- ensuring that the hospital/homebound student is prepared for class and ready to receive instruction during the scheduled time.

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND PROGRAM  
3301 OLD SPANISH TRAIL, WESTLAKE LA 70669  
TELEPHONE: 337.217.4300, EXT. 3607 FAX: 337.217.4311**

**Responsibilities of the Hospital/Homebound Student**

A student placed on the Hospital/Homebound Program is responsible for:

- adhering to Hospital/Homebound Rules and Regulations for Parents, Students and Teachers;
- securing textbooks, workbooks, and supplies obtained prior to first hospital/ homebound class;
- attending scheduled classes;
- completing all assigned lessons;
- scheduling all appointments at times other than those set aside for instruction;
- cooperating in establishing an appropriate learning environment. The following **are not allowed** in the home during instructional time: pets, smoking, consuming alcoholic beverages or illegal substances, playing television or radio, or using inappropriate language;
- following the school's Visitation Policy when desiring to visit his/her home based school;
- working with his/her home based school to fulfill all attendance, assignments, class requirements, and graduation procedures **prior** to placement into the Hospital/Homebound Program;
- completing all assignments and tests within the next six weeks period to clear incompletes ("I"s) assigned while on the Hospital/Homebound Program the previous six weeks. Assignments and tests not completed within the next six weeks period will receive a grade of zero; and
- providing the appropriate updated medical referral form to the Hospital/Homebound Department if the probable period of confinement requires an extension of service.

**NOTE:**

**Senior students are responsible for knowing and fulfilling graduation procedures and requirements mandated by their home based school.**