



Phone: 423-949-3617 Fax: 423-949 5257 Email: mbeene@sequatchie.k12.tn.us

Request for Homebound Instruction

Important Information for Parent/Guardian

Purpose of Homebound Instruction.

The purpose of homebound instruction is to provide educational services in the home to students with temporary illness or injuries to help students maintain their academic performance during recovery.

Eligibility for Homebound Instruction.

To be considered for homebound instruction, a complete request packet must be submitted. A complete request packet includes parent form (A); medical provider's document (B or C); and signed release of medical information (HIPAA/FERPA) (D). This allows the homebound team to communicate with healthcare providers regarding your child's ability to participate in school and accommodations that your child may need. Students unable to attend school for a period greater than 10 days may be eligible for homebound instruction.

Home instruction is not authorized by the doctor, but by the Sequatchie County School System as recommended by the homebound review team. The doctor's role is to provide pertinent medical information to Sequatchie County School staff so a valid placement may be considered.

Placement in Homebound Instruction Program.

Placement in the Homebound instruction program should be viewed as a temporary intervention. All students will be returned to regular school placement as soon as possible where the least restrictive educational experience can be provided.

Delivery of Homebound Instruction.

If a student is eligible for homebound instruction, 3 hours of instruction per week will be provided. Parent/guardian or other responsible adult, age 18 years or older, must be present when the homebound teacher is at the home.

Please follow the directions below to submit a request for homebound services.

1. Parent/Guardian completes **Parent Documentation for Homebound Services (attachment A)**
2. MEDICAL: Treating physician completes **Physical Medical Documentation for Homebound Services (attachment B)**
OR
MENTAL: Treating clinical psychologist or psychiatrist completes **Mental Health Documentation for Homebound Services (attachment C)**
3. Parent/Guardian completes and signs **Authorization for Release of Medical Information (attachment D)**
4. Parent/Guardian submits completed packet (including any requested attachments) to:

**Sequatchie County Board of Education
ATTN: Miranda Beene
878 Cordell Drive
Dunlap, TN 37327**

5. For questions regarding homebound services call the Homebound Coordinator at 423-949-3617 or visit our website at <https://www.sequatchieschools.net/Domain/31>. Please call to confirm your request has been received.



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Parent Documentation for Homebound Services

(attachment A)

This entire page is to be completed by parent or guardian.

Sequatchie County School District procedures require that a licensed physician or licensed clinical psychologist, currently treating the student for the diagnosis preventing school attendance, submit substantiating documentation. **Chronic conditions** may not qualify. Home instruction is not authorized by the doctor, but by the Sequatchie County School System. The doctor's role is to provide pertinent medical information to Sequatchie County School staff so a valid placement may be considered.

STUDENT INFORMATION

Name: _____ Gender: ☐ M ☐ F Date of Birth: ____ / ____ / ____

Address: _____ City: _____ Zip: _____

Contact Information: Phone: _____ Email: _____

Parent/Guardian Name: _____ Is this student hospitalized? ☐ Yes ☐ No
(please print)

SCHOOL INFORMATION

Current School: _____ Grade: _____

Does your child have an IEP? ☐ Yes ☐ No Does your Child have a 504 Plan? ☐ Yes ☐ No

Implementation of Services

The homebound program is coordinated with the school, but cannot compare to the regular classroom. Teachers meet with the students for three hours per week. The teacher attempts to cover the most important parts of the subject matter and give instruction/explanation as needed. It is essential for the student to meet with the teacher at the scheduled time and to complete all assignments. A regular program of study and preparation of lessons is required for each student. In addition to the three hours per week of instruction by the teacher, the student will be expected to complete assignments on his or her own time. Assignments must be completed prior to the homebound teacher's next visit. Failure to complete assignments by their due date may result in removal from the homebound program.

Policies and Guidelines

As the parent or legal guardian of the above named student and by my signature below, I certify that I have read the Homebound Policies and Guidelines, and understand that if I fail to comply, it could result in dismissal from Homebound Instruction. I understand that if fraudulent information has been obtained, I will be responsible for all charges incurred during homebound services.

X _____
Parent/Guardian's Signature Relationship Date



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Physical Health Medical Documentation for Homebound Services

(attachment B)

DO NOT USE THIS FORM FOR MENTAL HEALTH CONDITIONS. (USE ATTACHMENT C)

Student Name _____ **Date of Birth** _____

PHYSICIAN: A request for temporary Home Instruction has been made for the above named student. Sequatchie County School procedures require that a **licensed physician**, currently treating the student for this condition, file a statement, which includes a medical diagnosis, and the extent that the student is unable to attend classes on the school campus. **Chronic conditions** may not qualify. Home instruction is not authorized by the doctor, but by the Sequatchie County School System. The doctor's role is to provide pertinent medical information to Sequatchie County School staff so a valid placement may be considered.

Treating Physician Statement:

Is the student physically capable of attending classes on his/her school campus,
at this time, with accommodations to meet his/her physical or other needs? ☐ **Yes** ☐ **No**

If yes, please list recommended accommodations:

Is the patient able to leave the home for reasons other than medical appointments? ☐ **Yes** ☐ **No**

If yes, why is the student unable to attend school?: _____

Diagnosis (with ICD code):

Is the student's condition contagious? ☐ **Yes** ☐ **No**

Limitations, restrictions, or precautions school staff should take when interacting with this student:

I estimate this student will be on homebound starting (Specific date required): _____

I estimate this student will be on homebound until (Specific date required): _____

I am managing the student's care for this condition. ☐ **Yes** ☐ **No**

Physician's Signature _____ M.D. Date: _____

Physician's Name (Print) _____ M.D. License # _____

Phone: _____ Fax: _____ Email: _____

Address _____ City _____ Zip _____



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Mental Health Documentation for Homebound Services

(attachment C)

DO NOT USE THIS FORM FOR PHYSICAL/ MEDICAL HEALTH CONDITIONS. (USE ATTACHMENT B)

Student Name _____ **Date of Birth** _____

Psychiatrist / Clinical Psychologist: A request for temporary Home Instruction has been made for the above named student. Sequatchie County School procedures require that a **licensed psychiatrist or licensed clinical psychologist**, currently treating the student for this condition, file a statement, which includes a medical diagnosis, and the extent that the student is unable to attend classes on the school campus. Home instruction is not authorized by the **licensed psychiatrist or licensed clinical psychologist**, but by the Sequatchie County School System. The **licensed psychiatrist or licensed clinical psychologist's** role is to provide pertinent medical information to Sequatchie County School staff so a valid placement may be considered.

Treating Psychiatrist / Clinical Psychologist Statement:

Is the student physically capable of attending classes on his/her school campus, with accommodations, to meet their emotional needs? ☐ **Yes** ☐ **No** **If yes, please list recommended accommodations:**

Is the patient able to leave the home for reasons other than medical appointments? ☐ **Yes** ☐ **No**

If yes, why is the student unable to attend school?: _____

DSM V Diagnosis and ICD/DSM Code: _____

What medication(s) is/are the student currently prescribed? _____

Is the student a danger to self or others: ☐ **Yes** ☐ **No**

Explain: _____

Recommended Plan for Student's Return to School (required for student to be considered for Homebound Instruction)

Please **attach Therapeutic Plan** (as implemented by you or therapist), which outlines the mental health diagnosis, treatment history, current treatment, and a date for returning the child to school.

Therapist's Name _____ Phone _____

I am managing the student's care for this condition. ☐ **Yes** ☐ **No**

I understand that I will be contacted by a member of the school district's homebound office.

X _____ Date signed: _____

Signature of Psychiatrist or Licensed Psychologist

Psychiatrist/LCP Name (Print) _____ License # _____

Phone: _____ Fax: _____ Email: _____

Address _____ City _____ Zip _____

HOMEBOUND POLICIES/GUIDELINES

The following policies/guidelines are provided to help the student derive the maximum benefit from the Homebound Program. Parent(s)/Guardian(s) are responsible for assisting their child by following the guidelines listed below. Failure to comply with any of the following could result in dismissal from the Homebound Program, in which case the student must return to school or be turned in for truancy.

1. A parent/guardian or another responsible adult, who is authorized by the parent or guardian, must be present in the home or other location during the entire instructional period. Homebound instruction will be received at the residence of the parent/guardian who requests the service. In certain situations, the homebound instruction may occur outside the home (i.e. library, police station, etc.) and must be approved by the Coordinator of the Homebound Program.
2. **A quiet, smoke-free environment** in which to work is to be provided. The area should be equipped with a table and chairs. The kitchen table is usually a good place to work, but distractions should be kept to a minimum. If the student is bedridden, a definite place near the bed must be arranged for teaching materials.
3. The student is to be prepared for school when the teacher arrives. The student is to have all books from school, supplies and previous homework completed. The teacher and student are not to be disturbed during the instructional period.
4. **The student's presence at the scheduled time is mandatory.** The Homebound Program adheres to Board Policy on attendance. Absences, both excused and unexcused, will be reported to the Attendance Department. Unexcused absences will result in zeroes for that week in all subjects. All excused absences require a doctor's note. Please do not schedule doctor appointments at the time the homebound teacher is scheduled. If there is an emergency and the student cannot be present for their homebound visit, the student or parent/guardian is to notify the homebound teacher prior to a scheduled visit. If you are unable to reach the homebound teacher, call the Homebound Coordinator at 949-3617.
5. If a pregnant student is placed on homebound due to complications, a Homebound Medical Form must be completed and signed by the physician verifying the need for homebound services. If the Medical Form is not obtained, the student is expected to return to school.
6. The Homebound Program is coordinated with the school, but cannot be compared to the regular classroom. Teachers meet with the students for three hours per week. The teacher attempts to cover the most important parts of the subject matter and give instruction/explanation as needed. It is essential for the student to meet with the teacher at the scheduled time and to complete all assignments. A regular program of study and preparation of lessons is required for each student. In addition to the three hours per week of instruction by the teacher, the student will be expected to complete assignments on his or her own time. Assignments must be completed prior to the homebound teacher's next scheduled visit. Failure to complete assignments by their due date may result in removal from the Homebound Program.
7. All work is evaluated by the classroom teacher. The Homebound Program follows the same grading policy adopted by the Sequatchie County Schools. Grades will be assigned by the teacher of record.
8. Most of the academic subjects can be taught at home; however, some subjects such as vocational education require the student to be in the classroom. Also, some advanced math, advanced science, and foreign language courses can only be continued at home if special arrangements are made with the classroom teacher, if the student is very capable, and if the placement on homebound is for a short period of time.
9. **Employment for students is prohibited while assigned to homebound. Such employment will result in the student being removed from the Homebound Program.**
10. The doctor recommends homebound services for a student who is unable to attend school due to serious illness or injury. **Therefore, the student placed on homebound should not return to his/her school, or any other Sequatchie County Schools, for any reason, including extracurricular activities (i.e. ballgames/sporting events, proms, banquets, dances, etc.) unless approved by the Coordinator of Homebound Services and the School Principal.** No homebound student can visit any Sequatchie County School to socialize with their friends. Attendance at such activities without prior consent may result in the student's removal from the Homebound Program.



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Authorization to Receive/ Release Medical and Academic Information for Homebound Services (attachment D)

STUDENT INFORMATION

Name: _____ Gender: ☐ M ☐ F Date of Birth: ____ / ____ / ____

Address: _____ City: _____ State _____ Zip _____

Contact Information: Phone: _____ Email: _____

Parent/Guardian Name: _____
(please print)

PHYSICIAN/ PSYCHIATRIST/ CLINICAL PSYCHOLOGIST INFORMATION

I do hereby authorize the Sequatchie County School System to release records/information to and obtain records/information from:

Physician's Name (Print) _____

Phone: _____ Fax: _____ Email: _____

Address _____ City _____ Zip _____

In order to evaluate the need for Homebound Services, it is important to obtain the following information:

_____ Physical Exam	_____ Psychiatric Evaluation
_____ Neurological Evaluation	_____ Psychosocial Evaluation
_____ Psychological Evaluation	_____ Lab Tests/Results
_____ Discharge Summary	_____ Treatment Plan
_____ Verbal Communications	_____ Homebound Form
_____ Any and All Information Pertinent to the Child's Care	_____ Other: _____

Please include diagnosis, date(s) seen by physician(s), treatment and progress, prognosis and recommendations for handling this student's health needs at school.

As the parent or legal guardian of the above named student and by my signature below, I authorize the current school / district of enrollment, Sequatchie County Schools and the treating physician, and/or licensed psychiatrist/ licensed clinical psychologist, to release and exchange medical and/or academic information relative to the above named student. The information received will be used only to assist the Sequatchie County School System in determining eligibility, appropriate services, academic needs, and transitions between educational sites for the above named student. All information obtained will remain confidential and be available on a need-to-know basis to those individuals who are involved in providing for your child's health and educational needs.

X _____
Parent/Guardian's Signature Date