PARENT EXPECTATIONS FOR MEDICAL HOMEBOUND SERVICES

I. STUDENT INFORMATION (Please Print)

Student's Name:	Date of Birth:	Age:	Gender:	Grade:
School:	School Year:	Is this student classified as disabled? Yes____ No____ Area of Disability_____		

II. PARENT/GUARDIAN EXPECTATIONS: Please read carefully and complete with signature and date.

- I understand that eligibility is based on SC State Board of Education Regulation 43-241 and that the physician's statement is one (1) part of the information used to determine eligibility.
- I understand that my child must be enrolled in Horry County Schools prior to consideration for medical homebound services.
- I understand that Horry County Schools medical homebound personnel may contact the licensed physician to obtain information needed to determine if my child will be eligible for medical homebound services and/or if accommodations/modifications can be made to allow the student to attend school.
- I understand that medical homebound services are for students who **cannot attend school** due to a mental or physical condition due to a medical condition.
- I understand that if the school/district receives information that indicates a change in circumstances/eligibility during the term of my child's medical homebound placement (i.e. the student is employed, the student is no longer medically confined to the home, etc.) that a review of my child's medical homebound eligibility may be conducted by District Coordinator of Homebound Services and that my child may be subject to dismissal from medical homebound services to return to school.
- I understand that if my child is found eligible for **Intermittent Medical Homebound** services, she/he may come in and out of medical homebound instruction when ill and I will notify the school of the reason for absence. (Note: The illness must be related to the reason for the original approval for Intermittent Homebound.) The District **requires the student to attend school a minimum of fifty percent (50%) of the time when placed on intermittent medical homebound**. **(Non-compliance can result in documentation as an unexcused absence or revocation of homebound services).**
- I understand long term requests may be subject to a forty-five (45) day renewal and/or review by the District Review Team. **A letter and form will be sent regarding the 45-day renewal period**.
- I understand that homebound instruction is temporary; therefore, requests should not be in excess of 90 days. An extension of services may be requested; however, this request must be documented on an updated Medical Homebound Physician Authorization Form from the student's attending physician. **I understand that it is my responsibility to obtain the necessary documentation and provide it to the homebound coordinator at the school**. **I also understand that any request for homebound services may be subject to a 45-day review.**
- I understand that if homebound services are requested due to pregnancy; the Physician must document a complication that requires the student to receive homebound services.
- I understand that internet access is necessary for homebound services to be delivered virtually.
- I understand that the instructor is responsible for instructional assignments for the approved dates of medical homebound services indicated by the physician on the homebound request. Any additional information or assignments prior to homebound approval are the responsibility of the parent and must be obtained from the school.
- I understand that my child is required to be present in all scheduled sessions and that failure to adhere to the schedule may result in an unexcused absence for my child.
- I understand that if my child is found eligible for medical homebound services, he/she is subject to the same **mandatory attendance requirements** as other Horry County Schools' students.
- I understand that my child is responsible for submitting all instructional assignments and projects by the date set by the teacher.
- I understand that my child is expected to login during the day as much as possible. My child will complete assignments in between medical homebound sessions and have them ready for when they virtually meet with the instructor.
- I understand that I do not get to choose my child's homebound instructor and that the instructor assigned is at the school's discretion.
- I understand that if my child has an IEP, the IEP team will be involved in the homebound approval process.

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I have read and agree to comply with the homebound policies and procedures and understand the reasons for possible dismissal from the program. Additionally, I understand that failure to adhere to these expectations may result in the student's dismissal from homebound services.

_____ _____ ____/_____/____

Parent/Guardian Signature Print Name Date

*An electronic signature or confirmation of receipt of the form via email is acceptable if a physical signature cannot be obtained.

cc: Parent, HOBO Coordinator, DO