

OVERVIEW OF HOMEBOUND SERVICES

All information is based on the Virginia Board of Education regulations, Virginia Department of Education Guidelines, and New Kent County Public Schools Policy guidelines.

Overview of Services

Homebound instruction is designed to provide continuity of educational services between the classroom and home or health care facility, for students whose medical needs, both physical and psychiatric, do not allow school attendance for a limited period of time. Homebound instruction may be used to supplement the classroom program for students with health impairments whose conditions may interfere with regular school attendance (e.g., students receiving dialysis or radiation/chemotherapy; or students with other serious health conditions).

Eligibility for homebound instructional services should be a collaborative decision between the treating health care provider, parent/guardian, and school personnel. Prior to requesting homebound services, the parent/guardian should explore options for school-based instruction with school personnel. If homebound services are needed, approval of services is based upon a completed medical certification of need.

Requested homebound instruction for students receiving special education services shall be subject to review by the student's Individualized Education Program (IEP) team pursuant to the Individuals with Disabilities Education Act (IDEA). As part of its review and determination of a change in placement, the IEP team must review the approved medical certification of need for homebound instruction and determine the appropriate placement for the student based on the student's educational needs. Parental consent must be obtained to amend the IEP, prior to initiation of homebound services.

General Conditions of Homebound Services as Defined by the Virginia Department of Education

Homebound Instruction IS:	Homebound Instruction IS NOT:
- designed so that the student does not fall significantly behind during the period of confinement. - interactive; the student is expected to participate in the instructional process and complete assignments. - designed to include homework. - intended to make every effort to ensure academic progress. - intended to provide priority to core academic subjects.	- intended to supplant school services. - designed to have all work completed in the presence of the homebound teacher. - a substitute for course credit that must be earned according to class requirements. - a guarantee that specialty classes (i.e., requiring labs, special facilities or equipment) will be comparable. - automatically inclusive of elective courses. - a guarantee of on-time graduation; all diploma requirements must be met for graduation.

Initiation of Service

1. Parent or guardian completes the Referral for Homebound Instruction and Medical Certification of Need Part 1 forms and return forms to school contact.
2. Parent or guardian shares the Medical Certification of Need Part 2 with the student's physician, licensed psychologist, or nurse practitioner, who returns forms to school contact.
3. Upon receipt of completed forms the school contact will schedule a homebound committee meeting.
 - a. The meeting should be held within five instructional days upon receipt.
 - b. If the student has an IEP, the certification should be promptly transmitted to the IEP team for review and determination of a change in placement for the student.
 - c. If the student is approved for services and there is a processing delay when locating a teacher, the team will determine if compensatory services are warranted.

Request for Extension/Reauthorization

If the parent or guardian requests an extension, the Request for Extension/Reauthorization Form needs to be completed by the student's physician, licensed psychologist, or nurse practitioner. This is the medical professional who completed the initial request.

1. The form should be returned to the school contact before the first homebound session is complete in order to avoid a lapse in service due to missing documentation.
2. Upon receipt of the form, the homebound committee will determine approval of the extension.
3. As noted on the extension form, only one extension is permitted for a time length of four weeks at most.

Termination of Service

Students receiving homebound instruction should return to school-based instruction as soon as possible. Homebound services should not be approved for periods in excess of nine calendar weeks. If it is necessary for homebound instruction to continue beyond nine weeks, an extension or reauthorization form, including treatment plan, progress towards treatment goals, and specific plans to transition the student back to the school setting, will be required from the treating healthcare provider to document the need for extended services. The homebound committee will meet to determine approval of the extension.

The homebound teacher will assist the student, family, and school personnel with the student's transition back to the classroom setting. Additionally, other support staff, such as the school nurse, school counselor, IEP case manager, or school psychologist, may be more appropriately assigned to the student for transition purposes depending on the nature of the student's needs.

If a student has an IEP, the IEP team must amend the IEP upon the ending period of homebound services in order to either return the student to the school setting or to continue the homebound placement.

Hours of Homebound Instruction

The following represents the minimum hours of instruction to be provided. These hours may not be applicable in all instances (i.e., for students with IEPs, the IEP team determines the hours required in accordance with the student's educational needs).

- Elementary school students – one hour per day
- Middle school students – eight hours per week
- High school students – two hours per core academic subject per week; other accommodations on an individualized basis

Homebound Services FAQs

Q: My child will be staying with their other parent/guardian in a neighboring city or county while receiving homebound services, can the tutor provide services there?

A: No. Homebound services for New Kent County Public School students must take place in New Kent County.

Q: Can my child's sibling be the supervising person present during homebound instruction?

A: Possibly. Homebound services require that a responsible adult, 21 years or older, be present and within "eye and ear shot" during the entire time of homebound tutoring.

Q: If I do not obtain reauthorization to continue homebound services prior to the original expiring, will homebound services continue?

A: No. Services will cease once the medical certification expires. If your child does not return to school at that time, they will be considered absent from school.

New Kent County Public Schools allows for a one-time four-week extension of services for extenuating circumstances (e.g. surgical complications, hospitalizations, etc.). There must be a recertification by the original certifying healthcare professional for the requested extension. Requests for an extension will be reviewed and approved based on:

- Documented complication of a medical condition preventing the student from physically attending school at the end of the initial homebound services
- Evidence of efforts made to transition back to the classroom as part of a written transition plan that needs extending due to extenuating circumstances
- Evidence of collaboration between the certifying professional and the school in the transition process

Q: I prefer that the tutor provide services on weekends, can they do that?

A: No. Homebound tutoring is to take place on weekdays after school hours. This does not include holidays or weekends. Any exceptions must be mutually agreed upon by the homebound instructor and the family.

Q: Is it permissible to use medical information submitted by a nurse, dentist, chiropractor, social worker, or licensed professional counselor to determine eligibility for homebound instruction?

A: No. Only a licensed physician or licensed clinical psychologist can provide the certification of need for homebound services. Please note that the Code of Virginia § 54.1-2957.02 allows nurse practitioners to sign in situations where a physician's signature is required.

Q: My child has an IEP and receives 30 hours of special education services, will they receive the same amount of services while having homebound instruction?

A: No. Homebound services are not intended to supplant or replace the services students receive when in school. Most special education services will be changed to consult services (between your child's case manager and the homebound tutor) while on homebound.

Q: Is it appropriate to assume a student will receive course credit for instruction received?

A: No. Instruction is provided for students to progress in courses. While every effort is made to encourage academic progress, course credit is not guaranteed for students receiving homebound instruction.



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12003 Courthouse Circle
P.O. Box 110
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Homebound Guidelines
(For use by HB facilitator)

Upon request from a parent or guardian -

Share the following:

- ☐ Overview of HB paperwork
- ☐ Referral for Homebound Instruction (to be completed by parent/guardian).
- ☐ Medical Certification of Need Page 1 (to be completed by parent/guardian).
- ☐ Medical Certification of Need Page 2 (to be completed by clinical psychologist, licensed physician, or nurse practitioner).

Upon receipt of these completed items: Referral, Medical Cert. pg. 1, and Medical Cert. pg 2 -

(All items must be completed in full in order to hold the HB committee meeting)

- ☐ Schedule a homebound committee meeting.
- ☐ Complete Homebound Committee Report to determine approval of services.

Note: HB services should not be approved for periods in excess of 9 calendar weeks. If it is necessary for the HB instruction to continue beyond 9 weeks, the extension or reauthorization form, including treatment plan, progress toward goals, and specific plan of treatment to return the student back to the school setting, will be required.

If HB is approved by the committee -

- ☐ Secure an HB teacher no later than 5 instructional days upon approval.
 - ☐ If difficulty is experienced when seeking a licensed HB instructor, the school division shall determine whether compensatory services are warranted.
 - ☐ For students with IEPs, the IEP Team must review and determine whether compensatory services for the student are warranted.



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HOMEBOUND COMMITTEE REPORT

Student's Name: _____	DOB: _____
Date the <i>Homebound Medical Certification of Need</i> was received: _____	
School: _____	
Date of Meeting: _____	Grade: _____
Summary of Meeting: _____ _____ _____ _____ _____	

Recommendations of the Committee (check all that are appropriate):

☐ The committee recommends that in house interventions be considered and/or tried in order to keep the student at school. Date of follow up meeting: _____ The follow up meeting should take place in 4-6 weeks as determined by the committee.
☐ After reviewing the request for homebound instruction, the committee agrees that the student should be provided this service and will inform all appropriate school personnel of this decision.*
☐ After reviewing the request for homebound instruction, the committee does not recommend this service based upon the following reasons: ☐ Additional medical documentation or input is needed. ☐ The student will not be out of school for more than one week. ☐ Non-medically based situation.

*Forward to the Director of Special Services
 Signatures of Committee Members

Name	Title
_____	Principal or Designee
_____	Classroom Teacher

_____	School Counselor
_____	School Nurse
_____	Parent
_____	Student

TO BE COMPLETED BY SCHOOL OFFICIAL		
Start Date: _____ End Date: _____ HB Teacher: _____		



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REFERRAL FOR HOMEBOUND INSTRUCTION

To be completed by parent/guardian. (8/16/24)

Homebound instruction shall be made available to students who are **confined** at home or in a health care facility for periods that would prevent normal school attendance (8VAC20-131-180). The term “**confined at home or in a healthcare facility**” means the student is unable to participate in the normal day-to-day activities typically expected during school attendance; and absences from home are infrequent, for periods of relatively short duration, or to receive health care treatment. Students receiving homebound instruction may not work or participate in extra-curricular activities, non-academic activities (such as field trips), or community activities unless these activities are specifically outlined in the student's medical plan of care or the Individualized Education Program (if applicable).

I have read and understand this statement.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Student Name: _____		Grade: _____	
School: _____			
Date of Birth: _____	Sex: _____	Sped: _____	☐ Yes ☐ No
Address: _____			
City: _____	State: _____	Zip: _____	
Parent Name: _____		Phone: _____	
Reason for Referral: _____ _____ _____			
This information should match the medical provider who will be completing the homebound medical certification.			
Student's Licensed Psychologist, Physician, or Nurse Practitioner Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	
Phone: _____	Fax: _____		



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MEDICAL CERTIFICATION OF NEED Part 1

To be completed by parent/guardian.

Student Name: Last: _____ First: _____ Date of Birth: _____

Parent/Guardian Name: Last: _____ First: _____

Phone: Cell: _____ Work: _____ Home: _____

Address: _____

City: _____ State: _____ Zip: _____

Acknowledgement/Release to share information:

I acknowledge this request and agree with the need for homebound services. I further acknowledge that the requested homebound services for students, if receiving special services, shall be subject to review by the student's IEP team pursuant to the Individuals with Disabilities Education Act.

I will:

- provide an environment conducive to learning.
- ensure that a responsible adult is in the home for the duration of instruction
- provide transportation to another agreed upon facility, if agreed upon with the school and homebound teacher.
- keep appointments with the homebound teacher or contact the teacher or homebound coordinator if an appointment must be missed.

I understand that the local school division has established policies and procedures for homebound instruction that provide more detail than this certificate of need.

By my signature, I authorize the release and exchange of medical information between the health care provider listed on page one of the *Medical Certification of Need/Transition Plan*, or his/her designee, and school division personnel. My signature provides the health care provider(s) with the authorization necessary to disclose protected health information and records regarding said student as it pertains to the condition for which homebound instructional services are being requested. This authorization may be withdrawn at any time in writing.

Please note: This *Medical Certification of Need/Transition Plan* form must be fully completed in order for the student to be considered for homebound services. If you have any questions about completing this form please contact the student's school.

Parent/Guardian Name: _____

Signature: _____ Date: _____

The *Code of Virginia* § 54.1-2957.02 states "whenever any law or regulation requires a signature, certification, stamp, verification, affidavit or endorsement by a physician, it shall be deemed to include a signature, certification, stamp, verification, affidavit or endorsement by a nurse practitioner."



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MEDICAL CERTIFICATION OF NEED Pt. 2

To be completed by the student's licensed
clinical psychologist, physician, or nurse practitioner.

All items must be complete with essential details to determine eligibility for homebound services.

Student Name (Last): _____	(First): _____	DOB: _____
School: _____		Grade: _____
Diagnosis: _____		
Date of most recent examination or diagnosis of this illness: _____		
Is the student confined to home or in a healthcare facility?: Yes No		
Could the student attend school if accommodations are made?: Yes No		
Is this diagnosis chronic or intermittent?: Chronic Intermittent		
Choose one: ☐ Intermittent Homebound Is the illness/treatment intermittent in nature (e.g. sickle cell anemia, chemotherapy)?: Yes No ☐ Part-Time Homebound To reduce full-day school attendance to one or more classes. Does the illness/treatment affect the stamina or ability to function in a full-day academic setting?: Yes No ☐ Full-Time Homebound Student has an acute illness that prevents school attendance for a short period of time.		
Estimated date of return to school: 3 weeks 6 weeks 9 weeks		
Explain treatment/therapy being provided, including frequency of treatment (Attach additional information if needed): _____ _____ _____		
Print name of Licensed Clinical Psychologist, Physician, Nurse Practitioner: _____ Signature: _____ Date: _____		
Return to student's school:		
Quinton Elementary 804-557-3136 (fax)	G. Watkins Elementary 804-932-8459 (fax)	New Kent Elementary 804-966-2506 (fax) New Kent Middle 804-966-8579 (fax) New Kent High 804-966-8585 (fax)



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REQUEST FOR EXTENSION/REAUTHORIZATION

To be completed by the student's licensed
clinical psychologist, physician or nurse practitioner, who completed the original medical certification.

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Student Name: Last: _____ First: _____ Date of Birth: _____	
Diagnosis: _____	
Choose one: ☐ Intermittent Homebound Is the illness/treatment intermittent in nature (e.g. sickle cell anemia, chemotherapy)?: Yes No ☐ Part-Time Homebound To reduce full-day school attendance to one or more classes. Does the illness/treatment affect the stamina or ability to function in a full-day academic setting?: Yes No ☐ Full-Time Homebound Does the student have an acute illness that continues to impact full-time attendance?: Yes No	
Anticipated number of weeks for the extension (up to 4 weeks): _____	
Justification for extension: _____	
Specific steps to assist student with return to the classroom: (include attachment if space is needed)	
1. _____	
2. _____	
3. _____	
4. _____	
Print name of Licensed Clinical Psychologist, Physician, Nurse Practitioner: _____	
Signature: _____ Date: _____	

Return to student's school:

Quinton Elementary 804-557-3136 (fax)	G. Watkins Elementary 804-932-8459 (fax)	New Kent Elementary 804-966-2506 (fax)	New Kent Middle 804-966-8579 (fax)	New Kent High 804-966-8585 (fax)
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FOR SCHOOL USE ONLY

Extension approved: ☐ Yes ☐ No Date of return: _____