Hospital/Homebound Teacher Information Form
2026 - 2027

Confidential

If you are interested in serving as a hospital/homebound teacher, please complete our training:

- ✓ View the informational power point, HHB Teacher training (must be signed in to view)
- ✓ Complete and submit the Training Verification Form.
- ✓ Complete and submit the Teacher Information Form.

- ➢ For **regular ed students**, you may fax the two forms to Ame Holmes in *the Student Services Dept*. at 706-826-4626 or email at _rcsshospitalhomebound@boe.richmond.k12.ga.us
- ➢ For **SPED students**, you may fax the two forms to *Keiante Williams* at 706-826-4649 or email at willike@boe.richmond.k12.ga.us.

Full Name (please write legibly): _____

Current School Assignment: _____

*Home Address (for travel purposes):_____
_____

*Cell Number: _____

Certificate Type(s): _____
_____
_____

Subject and grade level areas of certification(s): _____
_____
_____
_____
_____
_____

Grade level you wish to provide services for: _____

Are you willing to provide services to a student outside your home school? _____

(All information is confidential will only be used by RCSS HHB Coordinator and Assistant for HHB purposes.)

Hospital/Homebound (HHB) Training Verification Form 2026 – 2027

Prior to providing HHB services, please complete our training:

- ✓ View the informational power point found at HHB Teacher training (must be signed in to view).
- ✓ Complete and submit the Teacher Information Form.
- ✓ Training Verification Form.
- ➢ **Submit to: *Ame Holmes* - at 706-826-4626 or email at _rcsshospitalhomebound@boe.richmond.k12.ga.us for regular ed students, or *Keiante Williams*** at 706-826-4649 or email at willike@boe.richmond.k12.ga.us **for SPED students.**

1. **HHB services are in-person only.**
2. Eligibility for HHB services and the duration of HHB services is determined by the student's physician or psychiatrist & are specified in the official approval email sent from Central Office.
3. Students receiving Intermittent services must be absent due to their HHB diagnosis to receive services.

Days missed per week	# of service hours provided
1	1 hour
2	2 hours
3	3 hours
Students receiving Intermittent HHB services should not miss entire weeks of school without appropriate school-based interventions being implemented. These supports are essential to ensure the student remains engaged in their education and that absences are managed in alignment with the HHB diagnosis.	Intermittent HHB students should not be consecutively out of school unless they are hospitalized for their condition

4. It is the HHB School Contact and HHB teacher's responsibility to work with the school and parent to develop and document a plan for providing hospital/homebound services (Educational Services Plan, IEP, 504).
5. The HHB teacher must communicate regularly with the student's teacher(s) of record to ensure students' assignments are received and returned.
6. HHB teachers are to provide no more than 3 hours of hospital/homebound services per week, unless the Educational Team determines it is necessary, and permission is received from Coordinator of Health Services, Ame Holmes.
7. HHB teachers must provide a *supportive* instructional program for the student(s) for whom they provide services.
8. It is the HHB teacher's responsibility to communicate with the student's parent and teacher(s) about his/her progress and achievements. Being on approved homebound status does not guarantee passing grades, earning credits or promotion to the next grade level, continued enrollment in a magnet school.
9. The HHB teacher must ensure that a completed, signed payroll form and contact log is received in either the Student Services Dept (Reg Ed students) or the SPED Dept (SPED students) by the date provided in the Hospital/Homebound Handbook for each payroll period to receive pay for the HHB services provided.
10. Payroll forms are to be signed by the HHB contact of the school that the student attends. Should be submitted monthly. Must document each visit with the date, time in and out, instructional activities and have a parent/guardian signature for every visit. A contact log should also be submitted with each timesheet documenting all contacts or attempts at contact with the parent. Incomplete payroll forms or missing contact logs will not be processed.
11. The rate of pay for HHB services is based on years of experience and certificate level and one additional hour is included for travel and preparation for every three hours of service provided. The Coordinator of Health Services adds this additional hour when your payroll is submitted for approval.
12. The HHB teacher must notify the school HHB School Contact if any difficulties prevent HHB services from being provided; or if you are unable to contact the student, or if the student/parent cancels scheduled appointments.
13. Student's attendance record can only be changed to show HHB instruction after services are provided.

My Signature below verifies that I have watched the RCSS HHB Training Webinar and I understand and agree to follow all above statements.

Teacher's Signature:_____ Date:_____