



HOMEBOUND SERVICES

Office of Student Services

•3350 S. Forest Hill Irene Rd •Germantown, TN. 38138 •901.752.7900 •Fax 901.757.6480

Office of Exceptional Student Education

Dear Parent/Guardian,

Homebound services in Germantown Municipal Schools are provided in K-12 settings for students who are unable to attend school for a physical condition for a time period of 10 consecutive days. Homebound services are not a disciplinary placement or a place for students to make up missed assignments. It is not a setting to help students regain missing credits. It is a last resort for students who are unable to attend school due to medical needs. Students currently receiving 504 or special education services may wish to request a meeting with school staff to explore any modifications to the school day that may avoid the need for homebound services. Homebound services attempt to help students stay current in their class assignments while they are at home and provide an equal educational opportunity. It is important to remember that students may, in some cases, return to school still behind in their classwork.

All homebound placements shall be temporary. **Homebound placements shall not exceed thirty (30) school days duration**, unless there is a substantive medical necessity that requires such extension of services. In that case, a homebound placement shall be reviewed *prior* to the end of the thirty(30) school days to ensure the appropriateness of continuation of services and the homebound placement. Inquiry may be conducted to verify the seriousness and authenticity of all homebound requests.

Upon receiving the Homebound application in its entirety, the district office will inform the school of the placement and assign the student a homebound teacher. The homebound teacher will contact the parent/guardian to schedule instructional sessions. Any class work that your child misses prior to the homebound services beginning must be handled through your child's school. ***The homebound teacher is not responsible for grades prior to the start of homebound services.***

In order for Germantown Schools to provide homebound instruction to your child, the following steps must be completed:

Step 1: *Acknowledgement of Homebound Services, Homebound Services Application form, and a Confidentiality Release form* must be completed.

Step 2: Parent/Guardian should return the completed homebound paperwork to Germantown Schools District Office. This can be emailed, brought in person, or sent through the mail. ***Part 2 of the Homebound Services Application MUST be faxed from a medical doctor.*** Approval or denial of request will be made and parents contacted.

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Homebound Services Application

PART 1 (to be completed by parent/guardian)

Student Name: _____ Current School: _____

D.O.B.: _____ Sex: _____ Grade: _____ Parent/Guardian: _____

Home Phone: _____ Work/Cell Phone: _____

Address: _____ City/Zip: _____

Do you have Internet service in your home? ☐ Yes ☐ No

Does the student receive any special services? ☐ Special Education Services/ IEP ☐ 504 Plan

Please list the subjects that the student is currently enrolled in at the school:

_____	_____
_____	_____
_____	_____

PART 2 (to be completed by the medical doctor and faxed to 757-6480)

This student has been referred for homebound services. This medical information is required for certification of eligibility. All information will be confidential and used only by persons directly involved with the student.

Diagnosis: _____

Brief description of diagnosis: _____

Date Examined: _____ Treatment: _____

Any Physical Limitations: ☐ Yes ☐ No If any please describe: _____

If disease is communicable, I hereby certify this child is no longer in an infectious state. ☐ Yes ☐ No ☐ NA

In accordance with Tennessee Rules, Regulations, and Minimum Standards, this student meets the criteria to be placed in homebound services due to the following : ☐ Health Impaired ☐ Physically Impaired

Homebound Services Recommended: ☐ Yes ☐ No **If yes**, please check the expected duration in weeks:

_____ 3 weeks _____ 4 weeks _____ 5 weeks _____ 6 weeks **ONLY 30 day placements are granted.**

Expected Return Date to School: _____

(MUST BE RECERTIFIED EVERY 2 WEEKS BEYOND THE INITIAL 6 WEEKS UNTIL THE RETURN TO SCHOOL) Physician

Name (type or print): _____ Phone: _____

Office Address: _____ Fax number _____

Physician's Signature: _____ Date signed: _____

This must be a medical doctor's signature, no stamps or nurse practitioner's signature accepted.

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Release of Confidential Information

Student's full name: _____ Home/Work Phone: _____

School: _____ Grade: _____ Birth date: _____ Sex: _____

Address: _____ City/ZIP: _____

Student resides with: _____ Relationship: _____

Agency/Individual:

Name of Student's Doctor or Agency: _____

Address of Student's Doctor or Agency: _____

Phone of Student's Doctor or Agency: _____

Pursuant to Federal Guidelines concerning the right to confidentiality, I do hereby give permission for a mutual exchange of medical, psychological, and/or educational records between **Germantown Municipal School District** and _____ (Doctor's Name or Agency)

I understand that I may revoke this consent to release information at any time; however, I also understand that any release which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization prior to such time, this authorization shall expire:

- ☐ within one year from date of the signature
☐ as otherwise specified here: (start date, event, condition of expiration)

At that time, no express revocation shall be needed to terminate by consent. (If the client is under age eighteen, or has a guardian appointed by the court, this release must be signed by the client's parent or guardian.)

Signature of parent/legal guardian, or client age 18 or older:

_____ Date: _____

Signature(s) of Document Witnesses: _____

Date: _____

Part 3 (This section is to be completed by Germantown School District Office Staff)

☐ APPROVED ☐ DENIED Date: _____ Supervisor: _____ Teacher

Assigned: _____ Start Date: _____ Exit Date: _____

***Health Impaired:** a child who has limited strength, vitality, or alertness due to chronic or acute health problems, which adversely affects educational performance.

***Physically Impaired:** a child who has a severe orthopedic impairment which adversely affects educational performance; the term includes impairments caused by congenital anomaly, disease, and other causes.

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Acknowledgement of Homebound Services

The following information is essential to ensuring compliance with Tennessee State Law as well as Germantown Schools Board of Education.

1. In order to qualify for homebound services, your doctor must request a time period of more than 10 consecutive school days.
Your doctor's signed certification is required on all forms. **The signature of a nurse practitioner or registered nurse will not qualify your child for homebound status.**
2. Initial homebound certification will be approved for up to 6 weeks. If homebound status beyond six weeks (30 days) is warranted, updated medical information is required.
3. Parent(s)/Guardian(s) are responsible for contacting the physician of record about medical renewals for homebound services beyond the 6 weeks (30 days) limit.
4. State law allows six weeks of homebound services for pregnancy unless complications are noted by the student's doctor.
5. If you have questions or concerns, contact **Student Services at 752-7876**.

Parent(s)/Guardian(s) are responsible for the following:

1. The parent/guardian, or a responsible adult, authorized by the parent or guardian, **MUST** be present in the home during the **ENTIRE** instructional period. **MASKS may be worn while the homebound teacher is providing services.**
2. The student will have any necessary nursing care before the homebound teacher arrives.
3. A quiet, smoke-free area, equipped with a table or desk and chairs, must be provided for use by the student and teacher during the scheduled instructional period. If the student is bedridden, a definite place near the bed must be arranged for homebound sessions and instructional material.
4. All pets must be secured and put away when the teacher is present.
5. The necessary school materials (pens, pencils, paper, textbooks, etc.) must be available.
6. The teacher and student are not to be disturbed during the instructional period.
7. The regular program of study and preparation of lessons is required for each student. In addition to the instruction provided by the homebound teacher, the student will be expected to complete assignments on his/her own time. Assignments must be completed prior to the homebound teacher's next scheduled visit.
8. Homebound/hospital students will receive their instruction either at the residence of the parent/guardian, or at the hospital. Alternative arrangements for instruction at a different location must be approved by the Supervisor of Student Services.
9. Updated medical information will periodically be requested.
10. The homebound teacher should be notified by 4:00 p.m. on the day prior to a situation necessitating a student's absence.
Emergency absences may be reported between 4 p.m. and 8 a.m. by dialing 752-7876, and leaving a message.
11. A verification form must be completed and signed by the adult present during the homebound/hospital session.
12. If a student's condition requires homebound services for a period to exceed thirty (30) days, the parent is responsible for submitting the recertification form prior to the end of the initial homebound period.
13. A student may **NOT** be employed while on homebound.
14. A student that is receiving homebound services may **NOT** visit his/her school campus without prior authorization by the school principal. Additionally, students assigned to homebound are not allowed to attend extracurricular activities such as school dances or sporting events unless specifically authorized by the principal of the student's school. Attendance at such activities, without prior written authorization, may result in student's removal from the homebound program.

____ **I have read and understand the Homebound Application Directions.**

____ **I grant permission for Student Services to contact the student's physician concerning medical information provided by the physician on the homebound application.**

____ **I grant permission for the physician to discuss the medical information on the homebound application with Student Services, Germantown Municipal School District.**

Signature of Parent/Guardian: _____ Date: _____

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