



Johnson County School System

Phone: 423-727-2640 Fax: 423-727-2663 Email: emiller@jocoed.net

Request for Homebound Instruction **Important Information for Parent/Guardian**

PLEASE READ THIS ENTIRE DOCUMENT. STUDENTS ARE EXPECTED TO BE IN THE REGULAR CLASSROOM UNTIL CONFIRMATION OF HOMEBOUND SERVICES HAVE BEEN CONFIRMED BY THE HOMEBOUND REVIEW TEAM.

Purpose of Homebound Instruction.

The purpose of homebound instruction is to provide educational services outside of the regular classroom 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.

Homebound instruction is not authorized by the doctor, but by the Johnson County School System as recommended by the homebound review team. The doctor's role is to provide pertinent medical information to Johnson 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.

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

1. Parent/Guardian completes **Parent Documentation of 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:
Johnson County Board of Education
Attn: Edna Miller
211 North Church Street
Mountain City, TN 37683
5. For questions regarding homebound services call the Homebound Supervisor at 423-727-2640 or visit our website at jocoed.net. Please call to confirm your request has been received.



Johnson County School System

Phone: 423-727-2640 Fax: 423-727-2663 Email: emiller@jocoed.net

Parent Documentation for Homebound Services

(Attachment A)

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

Johnson 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. Homebound instruction is not authorized by the doctor, but by the Johnson County School System. The doctor's role is to provide pertinent medical information to Johnson 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: _____

Student's last date of attendance: ____ / ____ / ____ Teacher/ Counselor _____

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. The homebound teacher meets 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.

Parent/Guardian's Signature

Date



Johnson County School System

Phone: 423-727-2640 Fax: 423-727-2663 Email: emiller@jocoed.net

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 homebound instruction has been made for the above named student. Johnson 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. Homebound instruction is not authorized by the doctor, but by the Johnson County Schools Homebound Department and Review Team. The doctor's role is to provide pertinent medical information to Johnson 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: _____
Treatment: _____
Prognosis: _____
Physical Limitations: _____

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): _____

Physician's Signature _____ Date: _____

Physician's Name (Print) _____

Phone: _____ Fax: _____ Email: _____

Address _____ City _____ Zip _____



Johnson County School System

Phone: 423-727-2640 Fax: 423-727-2663 Email: emiller@jocoed.net

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 homebound instruction has been made for the above named student. Johnson 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. Homebound instruction is not authorized by the **licensed psychiatrist or licensed clinical psychologist**, but by the Johnson County Schools Homebound Department and Review Team. The **licensed psychiatrist or licensed clinical psychologist's** role is to provide pertinent medical information to Johnson 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? _____

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

If yes, please explain: _____

Diagnosis: _____

Treatment: _____

Prognosis: _____

Physical Limitations: _____

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

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

_____ Date _____

(Signature of Psychiatrist or Licensed Psychologist)

Psychiatrist/LCP Name (Print) _____

Phone: _____ Fax: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____



Johnson County School System

Phone: 423-727-2640 Fax: 423-727-2663 Email: emiller@jocoed.net

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. **The student's presence at the scheduled instructional session is mandatory.** The student must be present at the scheduled sessions on time and stay the entire allotted time. Homebound instruction will be received in the office of the homebound instructor at 211 North Church Street (Johnson County Schools Central Office).
2. The Homebound Program adheres to Board Policy on attendance. Absences, both excused and unexcused, will be reported to the Attendance Supervisor. Please do not schedule doctor appointments at the time the homebound session is scheduled. If there is an emergency and the student cannot be present for their homebound session, the student or parent/guardian is to notify the homebound teacher prior to a scheduled session. If you are unable to reach the homebound teacher, call the Homebound Supervisor at 727-2640.
3. The student is to be prepared for school when he/she arrives for the instructional session. The student is to have all books from school, supplies and previous homework completed.
4. 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.
5. The Homebound Program is coordinated with the school, but cannot be compared to the regular classroom. The homebound teacher will 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 next scheduled homebound session. Failure to complete assignments by their due date may result in removal from the Homebound Program.**
6. All work is evaluated by the classroom teacher. The Homebound Program follows the same grading policy adopted by the Johnson County School System. Grades will be assigned by the teacher of record.
7. Some students placed on homebound may take courses through PLATO (instructional electronic platform). PLATO courses will be assigned by the teacher/school counselor. A student must have access to a computer at home in order to complete assignments on his/her own time. **PLATO assignments must be completed prior to the next scheduled homebound session. Failure to complete assignments by their due date may result in removal from the Homebound Program.**
8. **Employment for students is prohibited while assigned to homebound. Such employment will result in the student being removed from the Homebound Program.**
9. 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 Johnson 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 Johnson 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.**



Johnson County School System

Phone: 423-727-2640 Fax: 423-727-2663 Email: emiller@jocoed.net

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 Johnson 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 | _____ Treatment Plan |
| _____ Discharge Summary | _____ Any and All Information Pertinent to the Child's Care |
| _____ Verbal Communications | _____ 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, Johnson County Schools, 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 Johnson 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