



Dickson County Schools

Homebound Information Packet for Parents

(Revised August 2012)

Homebound services are only for students who are not able to attend school. Homebound services are a last resort in order to accommodate the child and attempt to help students to stay current in their class work. It is important to remember that in most cases a student will return to work still behind in class-work and will need additional remediation and time in order to meet the pace of the class upon return to school. Only extreme physical or emotional needs are to be considered when determining home bound needs.

Students who miss assignments due to short term illness or hospitalizations will be allowed to make up work by making the arrangements needed with classroom teachers and school administrators. Homebound services are not designed or intended to be used for disciplinary measures or to regain missing credits.

Student who have a 504 plan or are receiving special services may want to consider a meeting with school staff in order to explore modifications of the school day which may avoid the need for homebound services. The school system will also consider these modifications in determining the best means available to meet the educational needs of the student.

No request for homebound services can be decided until all information is obtained by the schools. It is the parent or legal guardian's responsibility to complete the documentation and return to the office of Nurse Coordinator for Dickson County Schools. Lack of information will only result in delays in the decision for the student. The student is responsible for making up any work missed prior to the approval or homebound services or once the completion of homebound services has ended.

Parents may complete a request for homebound services once it is evident 10 consecutive school days will be missed. Any absences which are anticipated to be less than ten (10) days will be handled on the school level. It is expected for teachers and administrators to work with the parents and the students to provide the needed extra support for a student who will be absent from school due to medical issues for a period of less than ten (10) consecutive school days.

The following information is provided for parents who are requesting homebound services. Please follow the procedure closely and make sure all information is provided. Completed forms may be returned to the school principal or delivered, mailed or faxed to the Nurse Coordinator for Dickson County Schools at 817 North Charlotte Street, Dickson, TN 37055. If the forms are faxed, the original copies must be delivered to the Nurse Coordinator within five (5) school days.

The parents and healthcare provider must complete the following forms. Please note there is a separate form for requesting homebound services due to pregnancy. Also note that a physician signature who is licensed in the state of Tennessee is required. If your healthcare provider is a nurse practitioner, it is required the document be co-signed by their supervising physician. The following forms are to be completed for each request:

- ❖ Homebound Services Application
- ❖ Release of Information Form

In rare cases an extension of services from the original exit date projected by the doctor may be granted. In these situations a separate request for services must be completed. Should this situation arise, the parents will need to supply the documentation from the doctor, which will be considered for review. Any extension of services will only be granted for a minimal amount of time and not to exceed two (2) weeks. All additional extensions must be supported by additional documentation and a completion of the application for homebound services.



Dickson County Schools

Homebound Services Application

(Revised August 2012)

To: Healthcare Provider

This student is being referred for homebound services. Homebound instruction is for students who will be unable to attend school for ten (10) consecutive school days or longer due to medical conditions. There must be strong medical justification for this restrictive placement. Consideration may be given by the school system to use other alternative schedules for the student in lieu of homebound assignments. These may include late start, shortened school day or changes of instructional setting in order to accommodate and meet the students needs.

This information is confidential and will be used only by school personnel involved with the student. By signing the attached Release of Records, the parent gives permission for the physician to discuss this student's medical condition with the Dickson County School System.

The Dickson County School System requires the current diagnosis and treatment plan, supported by documentation from the office visits and/or hospitalization admission and discharge summary, before making a homebound determination. It would be helpful to have a brief note stating the reason you feel homebound services is appropriate for this student. (*Homebound service consists three (3) hours of instruction per week. This is subject to the homebound instructor and may result in multiple sessions depending on the needs of the student.*) The homebound request cannot be considered until all of the above documentation and information is received. At that time a determination will be made whether it is in the student's best interest to be placed on homebound or whether other educational adjustments would be more appropriate.

The Homebound Committee will not consider the homebound request until all of the above documentation and information is received. At that time a determination will be made whether it is in the student's best interest to be placed on homebound or whether other educational adjustments would be more appropriate. On approval of homebound services, please be aware that students will be prohibited from participating in after school activities or working an after school job unless an exception form is completed and approved by Dickson County Schools.

If a student disabled by a psychiatric diagnosis is to be instructed at home, a letter outlining the treatment plan, signed by the psychiatrist or clinical psychologist must be submitted with this application. We ask that physicians give special consideration to the safety of homebound teaching staff.

Parent/guardian, please complete the following information (please print):

Student Name _____ DOB _____
Student's Address _____ Phone _____
School _____ Grade _____ IEP *please check* yes _____ no _____

Healthcare Provider, please complete the following (please print):

Healthcare Providers Name _____ Phone _____ Fax _____
Address _____
Date Last Examined _____ Diagnosis _____
Prognosis _____

Treatment Plan or Therapy (specify types and times administered) _____

Medications (specify types and times given) _____

Restrictions of Physical Activity (if any) _____

Expected length of recovery _____ Expected Return to School _____

Signature of Licensed Physician or Licensed psychologist in the State of Tennessee

Date



Dickson County Schools

Homebound Services Application for Pregnancy

(Revised August 2012)

To: Healthcare Provider

The Dickson County School System requires the current diagnosis and treatment plan, supported by documentation from the office visits and/or hospitalization admission and discharge summary, before making a homebound determination. It would be helpful to have a brief note stating the reason you feel homebound services is appropriate for this student. (*Homebound service consists of two home visits per week for 1-1 ½ hours per visit*). The homebound request cannot be considered until all of the above documentation and information is received. At that time a determination will be made whether it is in the student's best interest to be placed on homebound or whether other educational adjustments would be more appropriate.

TCA Section 49-10-1101 provides for homebound instruction for pregnant students. Under this law each pregnant student is entitled to three hours of homebound instruction per week throughout a six-week period of maternity leave. ("If the student's physician certifies in writing that the student's medical condition prevents the student from returning to regular classes, then the local education agency shall continue to offer three hours of homebound instruction per week, subject to periodic recertification that the student remains medically unable to attend class because of health complications arising from the pregnancy.")

Parent/guardian, please complete the following information (please print):

Student Name _____ DOB _____
Student's Address _____ Phone _____
School _____ Grade _____ IEP please check yes _____ no _____

Healthcare Provider, please complete the following (please print):

Healthcare Providers Name _____ Phone _____ Fax _____
Address _____
Expected Date of Delivery (EDC) _____ Date of most recent Healthcare Provider visit _____

Recommending Homebound Instruction Please select one below: (to be completed by the Healthcare Provider)

1. Normal pregnancy: _____ 6 week period beginning with delivery – date of delivery:

2. Complications of pregnancy: If the student is medically unable to attend class because of health complication arising from the pregnancy please list complications: Complications should be of a nature as to have a diagnostic code. Some examples are: pre-term labor (PTL), gestational diabetes, eclampsia/toxemia/PIH, etc. Abdominal pain, back pain and fatigue are common to pregnancy and are **not** considered complications for the purpose of homebound instruction. _____
3. Prior to Delivery (must provide written medical documentations with treatment plan i.e. prenatal record and be recertified every 4 weeks until delivery)
4. Beyond six week maternity period (must be recertified every 2 weeks until return to schools)

When will this student be able to return to school? _____

Signature of Licensed Physician or Licensed psychologist in the State of Tennessee

Date



Dickson County Schools

Homebound Release of Information

(Revised August 2012)

I authorize Dickson County Schools to obtain records pertaining to previous and current medical issues to my child. This may apply to any mater necessary for considering the educational needs of my child. This may apply to (check all that apply):

- Medical Examination Records/History
- Diagnosis
- Psychological Evaluations
- Speech/Language Evaluations
- Consultations/Observations
- Legal issues/concerns
- Other evaluations: _____

This consent will also allow open communication between doctors and authorized staff of the student and representatives of Dickson County Schools. I further authorize a doctor or authorized staff to discuss my child's medical history with representatives of Dickson County Schools and for Dickson County Schools to discuss my child's educational concerns and attendance.

The listed organizations or individuals have the permission to release information to Dickson County Schools. This consent is for one year or until the date of _____. I understand that I may withdraw my consent to release this information at any time.

Name of Doctor or Organization

Phone or Fax

Student Name _____ Date of Birth _____

(Please Print)

School _____ Grade _____

Parent or Legal Guardian _____
(Please Print)

Parent or Legal Guardian _____
(Signature) Date _____



Dickson County Schools

Homebound Services Agreement

(Revised August 2012)

The Following Guidelines will help both the student and the parent to utilize homebound instruction time to the best advantage possible. These items should be read and discussed at the initial meeting and signed by the parent and student (if available). If there are any questions you may contact the homebound coordinator at your child's school or call the Nurse Coordinator, Mrs. Karen Henson at 446-7571.

1. The homebound Program is to serve those students who are certified as medically or emotionally unable to attend school. During the period of enrollment with homebound services it is important to follow all guidelines of the physician.
2. Students are to be at home during the scheduled time. In case of an emergency or need to reschedule please notify Homebound Teacher: _____ Phone _____
3. A responsible adult is to be at the home during all homebound sessions. In some cases parents may be asked to bring the student to a neutral site, such as the public library, for instructional times.
4. Students are expected to do assignments unless the physician's states in writing on the medical form used to determine homebound services that the student is not able to write or work. In such cases the home instructor will make up sessions at a later date or will make appropriate modifications.
5. School attendance is included with each homebound session. If sessions are repeatedly cancelled then attendance matters and truancy may result.
6. Upon termination of services, the homebound teacher will submit a report of work completed and any grades earned to the school.
7. No participation or attendance in extracurricular activities will be permitted.

We have read and understand the expectations listed above. We agree to abide by these guidelines.

Parent or Guardian

Student

Homebound Teacher

Principal