

HOMEBOUND INSTRUCTION



HANDBOOK 2018-2019

HOMEBOUND GUIDE for ADMINISTRATORS and BUILDING CONTACTS

Contents:

- * Guidelines for Homebound Attendance**
- * Steps for Implementing Homebound Instruction**
- * Flow Chart of Process**
- * Homebound Application**
- * Directions for Application**
- * Consent for Release of Information/HIPAA (Form 008)**
- * Guardian/Parent Letter**
- * Time Sheets**
- * Roles of Those Involved**
- * Contact Information**
- * Homebound Assignment Sheet**
- * Homebound Survey**

Farmington R-7 School District

1022 Ste. Genevieve Ave.
Farmington, MO 63640
(573) 701-1300 Ext. 2007 (573) 701-1309 (fax)
Dr. Ashley Krause, Associate Superintendent
akrause@farmington.k12.mo.us

To: Building Administrators, Attendance Secretaries, Homebound Teachers

From: Dr. Ashley Krause

Date: July 1, 2018

Re: Homebound Manual

In keeping current with the needs of homebound services, we ask that you take time to review with your teaching staff the process of homebound procedures. This information should assist new teachers and others in the role of each participant to better assist students and teachers in the services of homebound.

The following list provides the current homebound contact person for each building.

High School	Debbie Hughes
Middle School	Micki Selbert-Smith
Lincoln Intermediate	Kelli Greif
Roosevelt Elementary	Pam Huffman
Jefferson Elementary	Amanda Gross
Washington-Franklin	Debi Fitzgerald
Truman Learning Center	Debbie Yordy

Building Administrators, Building Contacts, Attendance Secretaries

Guidelines for Homebound Attendance

Homebound services provided to students whose applications have been approved consist of five hours of student instruction a week. Approval must be granted if it is determined that additional hours need to be provided.

For a normal five-day week, five hours of homebound instruction must be provided to be able to count any attendance that week. If less than five hours of homebound services are provided in a week, the hours missed cannot be made up at some other time. So what does this mean to you? Only the homebound hours received can be counted for attendance. Any remaining time missed must be counted as absent. We need to stress five hours of instruction per week.

For those weeks in the school calendar that have less than five days of instruction, a student still needs five hours of homebound service to count for full time attendance for that week. A student can receive less than five hours of instruction and still have some - but not all - attendance count when the following exists:

1. During a non-standard school week of the school calendar, five hours of homebound must be provided that week to count any full day as homebound. If five hours are not provided, only the number of homebound hours provided may be counted and the remaining time must be marked as absent.

Example: for a week with only 4 attendance days, if a student attends school two days and is provided two hours of homebound service, only the two days the student actually attended plus two more hours can be counted for attendance. The remaining portion of the absence must be marked as absent.

2. Intermittent Homebound - A student that has a physician approved medical reason that would require the student to be provided intermittent homebound services can be counted for attendance for the portion of the day or week that the student must be gone from school as long as the student is receiving five hours of instruction that week by a certificated teacher outside of the time they are able to attend school.

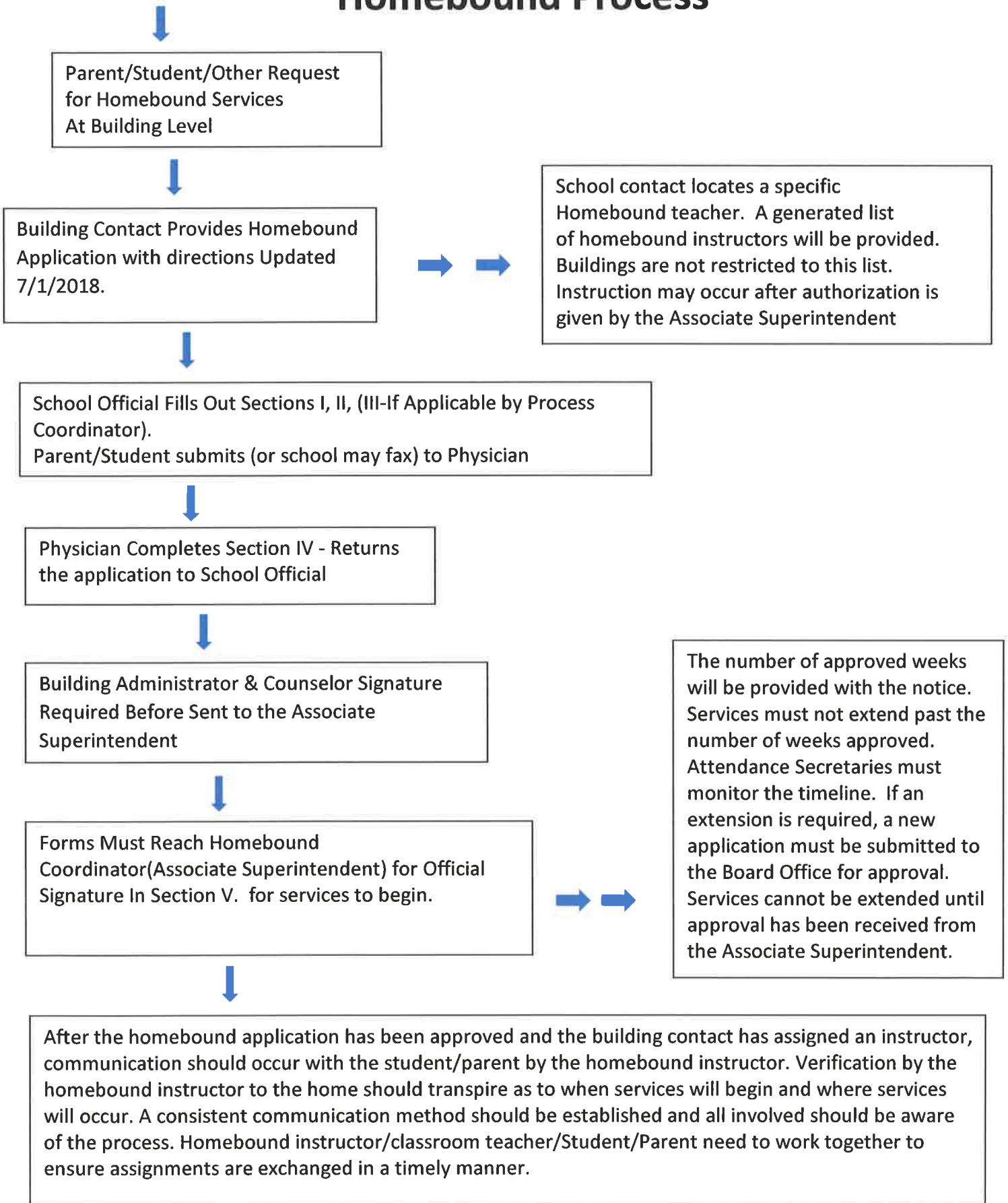
The last day of the week, building attendance secretaries are to call homebound instructors to confirm the number of hours served. If less than five hours are provided per week, the homebound instructor should indicate to the attendance secretary when they will be made up and confirm when completed. so absences can be marked.

To better serve our homebound students and facilitate communication, documentation will be required of the homebound instructor to note assignments given, date returned to classroom teacher and any comments shared by parent/student/classroom teacher/homebound instructor. For auditing purposes, the documentation should be retained for a period of one year.

To better communicate the homebound process to the various persons involved. Please provide the appropriate manual pages for review. When homebound services are provided to a student, please provide the information found in each section of the homebound guidelines to the identified individual.

Homebound instructors are to complete the timesheet and turn it into the Associate Superintendent by the first Thursday of each month to receive payment on the 23rd of the month.

Homebound Process



HOMEBOUND INSTRUCTION APPLICATION

Farmington R-7 School District



I. STUDENT INFORMATION			<input type="checkbox"/> Student with an IEP	<input type="checkbox"/> Nondisabled
Date of Application:			<input type="checkbox"/> Initial	<input type="checkbox"/> Extension (circle one) 1 2 3
Type of Application: <input type="checkbox"/> Medical <input type="checkbox"/> Re-Evaluation <input type="checkbox"/> Suspension/Expulsion <input type="checkbox"/> Per IEP <input type="checkbox"/> Per 504 <input type="checkbox"/> Other _____				
Name of Student:		DOB:		Grade:
Name of Parent/Guardian:				
Home Address:				
II. SCHOOL DISTRICT INFORMATION				
1. Teaching completed by: <input type="checkbox"/> Phone <input type="checkbox"/> Home teaching <input type="checkbox"/> Other:				
2. Estimated total length of homebound services: _____ weeks (length of service must be given in weeks)				
Name of Teacher:		Social Security Number		Area(s) of Certification
Legal Name of Educational Agency Farmington R-7 Schools		District Contact Person: Ashley Krause Associate Superintendent		Telephone: 573-701-1300 Fax: 573-701-1309
Address: 1022 Ste. Genevieve Ave.		City, State: Farmington, MO		Zip Code: 63640
III. EDUCATIONAL INFORMATION (to be completed by Assoc. Superintendent) (N/A if Medical, complete Section IV)				
1. Are you requesting a reevaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, enclose copy of Notice of Reevaluation)				
2. Has the IEP/504 Team met? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, date: _____)				
3. Has this student been suspended or expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, enclose copy of Change of Placement and Manifestation Determination)				
4. Is this student not attending due to a court injunction? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach copy of the court order)				
IV. MEDICAL INFORMATION (to be completed by Physician) (N/A if Educational, complete Section III)				
1. Does condition prevent student from maintaining school schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Medical or Psychological Diagnosis: If pregnant, please indicate due date: _____				
3. Number of weeks student will require homebound:			Date of Hospitalization:	
4. Recommendations and explanations of diagnosis: (NOTE: In the case of emotional disorders, a treatment plan should be designed to encourage the re-entry of the student into regular school environment as soon as possible)				
Signature of Physician		Date		Print Physician's Name
Address of Physician		State, City, Zip		Phone: Fax:
Indicate Area of Licensed Specialty: <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Psychologist				
V. CERTIFICATION (to be completed by the School District)				
I CERTIFY THAT A NEED FOR HOMEBOUND SERVICE EXISTS AND THE PROVISION OF HOMEBOUND INSTRUCTION IS THE MOST APPROPRIATE EDUCATIONAL ALTERNATIVE AT THIS TIME				
Building Administrator Signature		Date		The district must maintain a copy of the application on file for a period of 5 years. These applications will be monitored as a part of the district's Special Education MSIP Review.
Building Counselor Signature		Date		
Building Process Coordinator Signature (if applicable)		Date		
Associate Superintendent		County/District Code 094-078		Date
MEDICAL PERSONNEL Mail or fax form to the school building where the child is enrolled. NOTE: In the case of emotional disorders, a treatment plan should be designed to encourage the re-entry of the student into regular school environment as soon as possible.			DISTRICT PERSONNEL Mail or fax completed form to: Associate Superintendent, Farmington R-7 Schools 1022 Ste. Genevieve Ave., Farmington, MO 63640 (573)701-1300 (573)701-1309 (fax)	

SERVICES ONLY PROVIDED FOR LENGTH OF APPROVED INTERVALS OF 6 WEEKS –MUST REAPPLY FOR NEEDED SERVICES AFTER APPROVED 6 WEEKS EXPIRE

INSTRUCTIONS FOR COMPLETING “HOMEBOUND” INSTRUCTION APPLICATION

SECTION I. –STUDENT INFORMATION: To be completed by the school district and forwarded to the physician if applicable.

Please indicate if this is an extension. If it is, refer to additional instructions below.

SECTION II. –SCHOOL DISTRICT INFORMATION: To be completed by the school district.

SECTION III. –EDUCATIONAL INFORMATION: If homebound instruction is requested for circumstances other than medical reasons (e.g. re-evaluation, suspension, etc.), an explanation of factors requiring homebound services and corresponding documentation must be attached (e.g. Notice to Re-Evaluate, Notice of Change of Placement, Notice of Change of Placement which includes a determination of non-relatedness, copy of court injunction, etc.)

SECTION IV. –MEDICAL INFORMATION: To be completed by the physician or other person certifying treatment. Upon completion of this section, the form must be returned to the school district.

1. Indicate if condition prevents student from maintaining normal school schedule.
2. A medical or psychological diagnosis must be given.

OR

A pregnancy due date must be given. Approval for pregnancy is typically made for six (6) weeks pre-partum and/or six (6) weeks post-partum. (Post delivery extensions must be related to the mother's health.)

3. Specify number of weeks student will require homebound and, if applicable, date of hospitalization.
4. Provide recommendations and explanations of diagnosis. For students with emotional disorders, a treatment plan should be designed to encourage the re-entry of the student into the regular school environment. This could be coordinated with professionals in the mental health field such as psychiatrists or licensed psychologists.

SECTION V. –CERTIFICATION: To be completed by the school district. An application cannot be processed without signature of Superintendent or Authorized Representative.

The original must be mailed (or faxed) to the attention of your Homebound Coordinator (Associate Superintendent).

INSTRUCTION FOR EXTENSION OF HOMEBOUND INSTRUCTION

Keep a copy of the original homebound application and current certification by the physician, etc., for the additional length of time for homebound instruction.

NOTE: The total length of homebound instruction must not exceed the number of instructional days the district provides for all students or 36 weeks.

Application for homebound instruction for compensatory reasons may be granted beyond the last day of the school year for a period not exceeding the fiscal year (June 30) or the total days of instruction provided to other students in the district.

Application for homebound instruction during extended school year services, not based on compensatory reasons, are submitted in conjunction with the application for extended school year services to the Associate Superintendent.

Farmington R-7 School District

1022 Ste. Genevieve Avenue

P.O. Box 570

Farmington MO 63640

CONSENT FOR RELEASE OF INFORMATION/HIPAA COMPLIANT

Date of Request

Patient/Student Name: _____ **Date of Birth:** _____

I hereby authorize _____ [health care provider/school/other agency name & title]
and _____ [name & title of school official] to exchange
education and health information/records for the purpose listed below.

_____ [address & telephone of school/school district]
_____ [address and telephone of health care provider]

Description: The education information to be disclosed consists of:

_____ Cumulative permanent school records _____ Health records _____ Psychological reports
 _____ Special education records including: active IEP and current Diagnostic Summary
 _____ Other (specify): _____

The health information to be disclosed consists of:

_____ Health records _____ Psychological reports
 _____ Other (specify): _____

Purpose: The information will be used for the following purpose(s).

_____ Educational evaluation and program planning
 _____ Health assessment and planning for health care services and treatment in school
 _____ Medical evaluation and treatment.
 _____ Transfer of student to this/another school district _____ Claiming Social Security Benefits
 _____ New enrollment/Re-enrollment _____ Other: _____

Authorization

I understand that this authorization may include information relating to Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Syndrome (HIV) infection, psychiatric care, behavioral or mental health services, treatment for alcohol and/or drug abuse and genetic testing.

I understand that the disclosed information may be subject to re-disclosure by the recipient and no longer be protected by the Farmington R-7 School District. The Farmington R-7 School District and its staff are hereby released from any legal responsibility or liability for disclosure of the below information to the extent indicated and authorized herein.

I hereby authorize consent for the release as provided by Sec. 438 (a) (1) Amendment to Sec. 513 (a) Part C of the General Education Provision Act of Education Amendments of 1974. This authorization is valid for one calendar year. It will expire on _____ [date]. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

Parent/Guardian Signature Date

Student Signature* Date

* If a minor is authorized to consent to health care without parental consent under federal or state law, only the student shall sign this authorization form.

Farmington R-7 School District



1022 Ste. Genevieve Ave., Farmington, Missouri 63640 (573)701-1300 (573)701-1309 (FAX)
Dr. Ashley Krause, Associate Superintendent

Dear Parent/Guardian:

As stated in the student handbook, in extreme situations where a student has an extended absence due to a medical condition, homebound services may be considered. The extended absence is usually two or more consecutive weeks. Additional conditions that may warrant homebound services include students with disabilities requiring reevaluation, with a long-term suspension or expulsion or who have been issued a court injunction.

Homebound services provided to students whose applications have been approved consist of five hours of instruction a week. The school provides a person to communicate and gather the assigned work from the students' teachers. The homebound instructor provides the student with the work with an explanation to the student and continues to exchange the work between the student and school. It is important that you and your student understand that the five hours a week instruction given by the homebound instructor will not replace the classroom teacher. Additional hours will be spent by the student in completing given work independently. If homebound instruction is provided for a large portion of the school year, your student attending summer school may be an option you want to consider.

Attached please find an outline of basic responsibilities during the homebound instruction process.

Student Signature

Parent Signature

(Required form to be sent with the application)

2018-2019 DAILY HOMEBOUND INSTRUCTION TIME SHEET

Student(s): _____ Date: _____

Homebound Instructor: _____

Student's Attendance Center: _____

Dates of Instruction	Times of Instruction	Mileage*
Total Hr's _____		Total Miles _____

*mileage is paid from the school to the student's home and back to the school.

5 hours per week must be provided to each homebound student (any hours over 5 per week need to be approved by the Associate Superintendent)

For office use only:

_____ Hours x \$20 = _____	Salary Code: 002-1221-6131-8580-00003-1
_____ Miles x 50¢ = _____	Travel Code: 001-1221-6343-8580-00001-1
Associate Superintendent Signature: _____	

2018-2019 DAILY HOMEBOUND INSTRUCTION TUTORING HOURS TIME SHEET

Student(s): _____ Date: _____
 Homebound Instructor: _____
 Student's Attendance Center: _____

Dates of Instruction	Times of Instruction	Mileage*
Total Hr's _____		Total Miles _____

*mileage is paid from the school to the student's home and back to the school.

5 hours per week must be provided to each homebound student (any hours over 5 per week need to be approved by the Associate Superintendent)

For office use only:

_____ Miles x 50¢ = _____ Travel Code: 001-1221-6343-8580-00001-1
Associate Superintendent Signature: _____

Role of Parent	Role of Student	Role of Classroom Teacher	Role of Homebound Instructor
<ul style="list-style-type: none"> * Arrange with the homebound instructor the time and place for homebound instruction. * Provide a place during homebound that will be free from interruptions/distractions. * Monitor your student's work progress * Communicate information, questions, and/or concerns to school through homebound instructor. If concerns persist, contact your student's building administrator. *When a medical homebound condition, if it is determined by the physician that homebound instruction will need to be extended past the approved number of weeks, notify the building administrator as soon as 	<ul style="list-style-type: none"> * Be ready to work during the scheduled time for homebound instruction. * Complete work that is assigned between homebound instruction sessions and next due date for completion. * Have questions/list of assistance needed prepared to share with your homebound instruction during the instruction time. 	<ul style="list-style-type: none"> * Provide assignment to be sent to student with instructions and timeline. * Materials and supplies may need to be provided at this time. * Modify assignments to be reasonable in length and setting where materials and supplies may be limited. * Contact homebound instructor when concerns arise or additional communication with parentstudent is needed. 	<ul style="list-style-type: none"> * Arrange time and place for homebound services. * Communicate with; pick up and deliver work from classroom teacher to and from student. * Deliver work with basic direction and guidance. *Administer tests. *Answer questions. * Communicate back and forth between school and

Contact Information

Student's Name: _____

Date of Homebound Service: _____

Homebound Teacher: _____

Classroom Teacher: _____

Approximate Duration Homebound will Occur: _____

Date assignment was given to student: _____

Approximate due date (if applicable): _____

Date returned to classroom teacher: _____

Comments (from parent, student, homebound teacher, classroom teacher, other):

Assignment given and directions:

HOMEBOUND ASSIGNMENT SHEET

Constant Information:

Student Name: _____

Date of Homebound Services: _____

Homebound Instructor: _____

Classroom Teacher(s) _____

Approximate Duration Homebound will occur: _____

Date assignment was given to student by homebound instructor: _____

Approximate due date (if applicable): _____

Date returned to classroom teacher: _____

Comments: _____

(These comments can be used as a communication tool, from parent to classroom teacher, classroom teacher to parent, homebound instructor to classroom teacher, teacher to homebound instructor, or other)

Assignments given with directions: _____

HOMEBOUND SURVEY

Grade Level of My Student: _____

School Attendance: WL Johns Truman Jefferson Roosevelt Wash.-Frank.
 Lincoln Middle School High School MLC

Length of Time My Student Was On Homebound:

2-6 Weeks 6-12 Weeks 12 weeks or more

Were you given adequate and helpful information concerning the guidelines and procedures on how the homebound process works?

Yes No

If no, please explain: _____

Were you promptly notified when your student was approved for homebound services?

Yes No

Was the contact immediate from the homebound instructor from the time of turning in the application to the first homebound session?

Yes No

If no, how many days lapsed from when you were contacted or your first session was held? _____

During the time of homebound has/is the amount of time and instruction provided by the homebound teacher sufficient to your student's needs?

Yes No

If no, please explain: _____

Were you given assignments from every teacher and in an adequate amount of time?

If no, please explain: _____

How would you improve the communication process:
