

Board of Education

DR. LARRY STEIN
601 Morrisr Street
Sweetwater, TN 37874
1st District

DEWITT UPTON
236 Washington Street
Sweetwater, TN 37874
1st District

FAYE GREEN
250 Knob Crossing
Madisonville, TN 37354
1st District

DR. JASON MILLER
P.O. Box 517
Vonore, TN 37885
2nd District

**Monroe County
Department of Education**

TIM BLANKENSHIP

Director of Schools
205 Oak Grove Road
Madisonville, TN 37354
Telephone: (423) 442-2373
Fax: (423) 442-1389

JANIE HARRILL, CHAIRMAN
1215 Stephens Dr.
Madisonville, TN 37354
2nd District

MARSHA STANDRIDGE
195 Vinegar Ridge Road
Madisonville, TN 37354
2nd District

SHARON FREEMAN
144 JD Farm Rd.
Tellico Plains, TN 37385
3rd District

SONYA LYNN
240 Martin Road
Tellico Plains, TN 37385
3rd District

JO T. CAGLE
127 Oak Street
Tellico Plains, TN 37385
3rd District

MEMO

TO: Families of Potentially Homebound Students
FROM: Lee Anne Strickland, Regular Education Homebound Services Director
DATE: 2018-2019 School Year
RE: Regular Education Homebound Services Application Directions



Attached for your convenience are the forms that must be completed for your child to be considered for regular education homebound services. The following information is essential to ensuring compliance with Tennessee Code Annotated (TCA) 49-10-1101 as well as Monroe County Board of Education Policy #4.206:

1. In order to qualify for regular education homebound services, your doctor must request a homebound time period of more than 10 (ten) consecutive school days.
2. Your doctor must sign and verify all forms. The signature of a registered nurse or nurse practitioner is not allowed and will not qualify your child for homebound services.
3. Initial homebound certification will be approved for up to 6 (six) weeks. If homebound status beyond six weeks is warranted, updated medical information on new forms is required.
4. The family of the homebound student is responsible for contacting the physician of record about medical renewals for regular education homebound services beyond the six weeks legal limit.
5. State law allows for up to six weeks of regular education homebound services after the delivery of a child (for the mother) only unless medical complications are noted by the attending physician.
6. Your doctor's certification does not automatically guarantee homebound services. Your application, along with other factors, will be reviewed by a committee.
7. Homebound students may not work at a job or participate in any school activities.
8. If you have questions or concerns, please feel free to call me at 423-442-7104 (office) or 423-261-4098 (cell). You can contact me via email at leeanne@monroe.k12.tn.us and/or by fax at 423-442-1389.

Physically Impaired**Definition**

A child who has a severe orthopedic impairment which adversely affects educational performance is considered physically impaired. The term includes impairments caused by congenital anomaly, disease, and other causes.

Criteria

A child is physically impaired who has a severe orthopedic impairment which may adversely affect educational performance.

Evaluation Procedures

Evaluation procedures shall include the following:

- Appropriate medical evaluation obtained from a licensed physician
- Both social and physical adaptive behaviors which relate to health impairment
- School history and levels of educational performance

Assessment specialists – The following persons shall be involved in the assessment of physical impairment:

- A physician licensed by the Division of Health Related Boards, Department of Health and Environment. At least one person from another department as designated by the IEP Team Chairperson, if this involves a special education student.

Health Impaired**Definition**

A child who has limited strength, vitality or alertness due to chronic or acute health problems, such as heart condition, tuberculosis, pneumatic fever, neuritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes which adversely affect education performance is considered health impaired.

Criteria

A child is health impaired who has chronic or acute health problems which adversely affect educational performance.

Evaluation components shall include the following:

- Appropriate medical evaluation obtained from a licensed physician
- Both social and physical adaptive behaviors which relate to health impairment
- School history and levels of educational performance

Assessment specialists – The following persons shall be involved in the assessment of health impairments:

- A physician licensed by the Division of Health Related Boards, Department of Health and Environment. At least one person from another department as designated by the IEP Team Chairperson, if this involves a special education student.

MONROE COUNTY HOMEBOUND POLICY

1. Homebound services provide a teacher for three hours per week.
2. Doctor certification does not automatically place a student in homebound status.
3. Board policy requires us to review absences, behavior at school and academic progress.

Homebound for Pregnancy

1. State law allows for six weeks of instruction.
2. The only exception to this is if there are complications that would endanger the unborn child or the health of the mother. In this case, the certification cannot exceed four weeks and must be renewed every four weeks.

Homebound for Other Reasons

1. Homebound services for all other illnesses are valid for six weeks and must be renewed if the illness extends beyond this period.

Monroe County Board of Education
Medical Form for Health Impaired or Physically Impaired Students

Name: _____ School: _____

DOB: _____ Age: _____

Parents: _____ Phone: _____

Address: _____

This student has been referred for Homebound services. Medical information is needed to plan an Educational Program. The information will be confidential and used only by persons directly involved with the student.

Diagnosis: _____

Treatment: _____

Prognosis: _____

Date Examined: _____

Medication: _____

Date expected to return to school: _____

Physical Limitations: _____

By signing below, I indicate that, in my opinion, this student meets the criteria to be certified as homebound in accordance with Tennessee rules, regulations, and minimum standards.

Printed name of Physician _____ **Phone Number** _____

Signature of Physician _____ **Date** _____

Medical information regarding homebound referral is verified. I hereby request and authorize the referring physician to discuss medical information relating to homebound status with the Monroe County Department of Education.

Parent/Guardian Signature _____ **Date** _____

**State guidelines require a physician signature. Physician assistants or nurse practitioner signatures are not allowable.

Monroe County Board of Education
PHYSICIAN CERTIFICATION DUE TO PREGNANCY

TCA Section 49-10-1101-1104 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, they can continue to receive three hours of home instruction per week.

Student Name: _____ School: _____

DOB: _____ Age: _____

Parents: _____ Phone: _____

Address: _____

CERTIFICATION – TO BE COMPLETED BY THE PHYSICIAN

Date Examined: _____

Expected delivery date: _____

Date expected to return to school: _____

Recommended homebound instruction:

_____ **Prior to Delivery Date** – Must list medical complications and be recertified every four weeks prior to delivery (Complications should be of a nature as to have a diagnosis code; some examples are gestational diabetes, pre-term labor, eclampsia, etc.) *Abdominal pain, back pain, and fatigue are common to pregnancy and are not considered complications for the purpose of homebound instruction:*

_____ **Six-week period beginning with delivery** – EDC _____

_____ **Beyond six-week maternity period** - Must list medical complications and be recertified every four weeks prior to delivery:

Printed name of Physician _____ Phone Number _____

Signature of Physician _____ Date _____

Medical information regarding homebound referral is verified. I hereby request and authorize the referring physician to discuss medical information relating to homebound status with the Monroe County Department of Education.

Parent/Guardian Signature _____ Date _____

**State guidelines require a physician signature. Physician assistants or nurse practitioner signatures are not allowable.