



Lamesa Independent School District
Every Student Every Day

Parent Information Letter Homebound Services

Dear Parent(s)/Guardian(s):

Please complete and return the enclosed forms to the campus principal or Campus Special Education Diagnostician as soon as possible. After all required forms are completed and returned, you will be invited to attend a Special Education Homebound Placement Committee Meeting.

It is important that you obtain assignments from your child's teachers and have the student begin completing assignments before the Homebound Placement Committee Meeting. This will prevent the student from falling so far behind. The homebound teacher will be responsible for working with the student and getting the assignments from teachers only for material assigned after the Homebound Placement Committee Meeting.

When Homebound Services begin, a proper setting for learning is to be provided. Instruction should be held in a clean, smoke-free, well-lighted room that is free from distractions. A responsible adult must be present in the home, but not in the room.

The goals for homebound instruction are to provide some continuity of instruction, and to facilitate the student's return to a regular school setting as quickly as possible.

We are looking forward to providing Homebound Services to your child. If you have any questions before the meeting, please call your campus principal or Special Ed Diagnostician.

Sincerely,

Homebound Coordinator



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Parent Request for Special Education Homebound Services

I. Student Information

School: _____ Grade: _____ Homeroom: _____
Student Name: _____ Birthday _____
Parent/Guardian: _____ Relation: _____
Address: _____
Home phone: _____ Cell phone: _____ Work Phone: _____

Does student receive the following Services	Last Day of Attendance
LEP <input type="checkbox"/> yes <input type="checkbox"/> no Special Ed <input type="checkbox"/> yes <input type="checkbox"/> no	

II. Parent/ Guardian Permission

I request Special Education Homebound Instruction for my child. I understand that an adult must be present in the home during the home-based instruction and guidelines must be followed. My signature indicates that I authorize Lamesa ISD to obtain medical information.

Parent Guardian Signature: _____ Date: _____

Please return this form to your child's principal or designated SPED coordinator.

Note: This form may be completed via telephone. Parent must sign request during the Homebound Placement Committee Meeting.

Completed by Office Staff Only

Referral Taken Via Telephone <input type="checkbox"/> Yes <input type="checkbox"/> No	Referral Taken By: Name: _____ Date: _____
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Approved _____ Date Approved by Committee: _____

Not Approved: _____ Reason: _____

Homebound Coordinator
Signature: _____



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**Special Education Homebound
Medical Referral Form**

Student Name

Grade

DOB

Campus

Parent/ Guardian

Address

Phone

Note to attending physician:

In order to be eligible for Homebound Services, a student must meet eligibility criteria according to one of the following statements:

- 1. Student is expected to be confined and unable to attend school for a minimum of four (4) consecutive weeks, or*
- 2. Student is chronically ill and unable to attend school for any period of time totaling at least four (4) weeks throughout the school year.*

DIAGNOSIS

Date of Exam: _____ Disability/Disease: _____

Period of Confinement Expected: _____ to _____

Is the illness contagious: _____ Medication currently taking: _____

What effect, if any, will the medication have on the child's learning: _____

Additional information or precautions regarding diagnosis or impairments: _____

PHYSICIAN'S SIGNATURE

Based on my examination, the student appears to have limited strength, vitality, or alertness, due to chronic or acute health problems, and is in need of homebound services.

Doctor's Name- Please Print

Doctor's Signature

Name of Practice/Institution

Phone

Date



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Special Ed Homebound Committee Meeting

Date: _____

Student Name Student ID DOB Campus Grade

Parent/ Guardian Address Phone

Committee Members (* indicates a required signature)

*Campus Administrator: _____
*Teacher Of Student: _____
*Parent of Student: _____
SPED Coordinator (Diagnostician): _____
Homebound Teacher: _____

Eligibility

___ YES ___ NO The committee has received, and attaches to this form, a letter or note from a doctor that meet the following conditions:
• Student is expected to be confined at home or hospital for a minimum of four weeks. (Weeks need not be consecutive).
• Confinement is for medical reasons only
• The medical condition is documented by a licensed physician.

___ YES ___ NO Based on the physicians note or letter, together with the Committee's review, including Parent and Teacher input, the Committee determines that the student is eligible to receive General Education Homebound Services.

Instructional Plan

Student will be served for ___ hrs per week by _____ for direct one on one instruction. Homebound services will begin on _____ and end on _____.

Notes or Accommodations: _____



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Homebound Instruction Parent/Guardian Responsibilities Form

Date: _____

To: Parent/Student

Welcome to Lamesa ISD Special Education Homebound Instruction program. LISD School System is pleased to provide homebound instruction for your child, _____.

1. **A responsible adult must always be present in the home at the time of instruction.** Please work with the homebound teacher to set up a schedule so that a responsible adult is present in your home. You will also be required to sign the *Checklist (Assignment/Attendance)*.
2. Please provide a quiet work place, free from distractions of television and phone calls, where the teacher and student can work without interruption.
3. Your child should be home and ready to learn when the teacher arrives at the agreed upon days and times. **Always notify the homebound teacher in advance if there is any reason why it is not possible to have a lesson.**
 - a. **If your child misses planned instruction numerous times,** the Homebound Teacher will notify the Campus Homebound Coordinator.
 - b. The Campus Homebound Coordinator will attempt to contact you to discuss the missed appointments.
 - c. **If your child continues to miss planned instruction,** instruction may be discontinued and child will generate unexcused absences. The Coordinator will contact you and resumption of services will be determined on a case-by-case basis.
4. Please cooperate with the Special Education Homebound Teacher by seeing that your child does the daily assignments. This will help your child make progress.
5. Students who are receiving homebound instruction should not be engaging in recreational/extra-curricular activities or employment that conflicts with the reason(s) for which homebound was approved. The school system reserves the right to deny or revoke homebound for students found to be capable of attending the regular school.

Parent/Guardian's Signature _____ Student's Signature _____
 Home Address: _____
 Home Phone: _____ Work Phone-Mom: _____
 Cell Phone: _____ Work Phone-Dad: _____
 Date and time services are to begin: _____
 Anticipated date and time services are to end: _____



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Special Education Homebound Teacher's Responsibilities

1. Work collaboratively with the classroom teachers to follow the student's Educational Plan.
2. Establish schedule for instruction with parent.
3. Meet with the student in the home for amount of time determined by the **Special Education Homebound** Committee.
4. Facilitate instruction for the student to as indicated in the instruction and assignments provided by the classroom teacher.
5. Return completed work to school weekly in the designated location.
6. Inform classroom teachers and Campus Homebound Coordinator of student's progress and discuss any concerns.
7. Report any absences to school.
8. Implement any accommodations and/or modifications identified in the student's Educational Plan.
9. Turn in a copy of Time Card and Signed Assignment Calendar to Homebound Coordinator at the end of pay period.
10. Assist in making the student's transition from home to school a positive one.

Signature of Receipt (Homebound Teacher)

Date

