

# APPLICATION FOR HOMEBOUND INSTRUCTION

Hampshire County Schools will provide educational services to a student who cannot attend school for at least **three consecutive weeks** due to a serious health problem certified by a **licensed physician-who specializes in the health condition that may temporarily confine a student to their home or hospital.**

**This form must be resubmitted every three months if services are to be prolonged.**

## SECTION I – STUDENT DATA

Student's Full Name \_\_\_\_\_ ID \_\_\_\_\_ DOB \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Date Last Attended \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
Day Time/Cell Number \_\_\_\_\_  
  
Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Physician's Address \_\_\_\_\_

I grant permission to my child's above named physician to release all pertinent information to Hampshire County Schools concerning certification of homebound services. I understand that my child may not be employed, will not be issued a work permit, and may not participate in extracurricular activities without permission from the Superintendent of Schools.

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Students in grades K-5 will be provided 4 hours of instruction in core courses per week. Students in grades 6-8 will be provided between 4-6 hours of instruction in core courses per week. Students in grades 9-12 will be provided 6 hours of instruction in core courses per week.

**To the physician:** The parent/guardian of the child listed above has requested that Hampshire County School provide their child with homebound services. A pupil's regular attendance in the classroom is crucial to optimum learning. Time lost from the classroom is irretrievable in terms of opportunity for instruction. Homebound services are guided by WV State Board of Education Policy 2510. Section 6.2.C specifically lists documentation that must be provided and verified by a licensed physician. **As the student's treating physician for the homebound services, Hampshire County Schools is requesting that you certify the student meets all of the criteria set forth in the attached excerpt of the State Board of Education Policy 2510.** Please be aware that Hampshire County Schools has the right to request and obtain an opinion from a second health care provider. **This form must be renewed every three months if prolonged.**

### Special Notes:

- Students recommended for homebound instruction for mental health reasons must receive therapy under the direction of a licensed psychiatrist with a treatment plan that leads to the student returning to school. The treatment plan may be administered by a licensed counselor, psychologist, or therapist under the direct supervision of the psychiatrist. A treatment plan is defined as a kept appointment at a minimum of every two weeks or twice a month. A written report of progress must be submitted to the homebound coordinator or designee at the end of each grading term. The report must contain: dates of kept appointments, progress being made for return to school, and the psychological diagnosis of the student. If these procedures are not followed, the student will no longer be eligible for homebound instruction.
- Pregnancy is not an approved reason to receive homebound instruction unless medical complications prevent the student from attending school. The student is encouraged to attend school and participate in all aspects of education with the support of the school nurse and under supervision of the physician. A physician may recommend homebound instruction if medical complications prevent school attendance before the expected deliver date. The student is eligible for four to six weeks of homebound instruction after the delivery date. Homebound instruction will not be provided for students to be caregivers.

**SECTION II – MEDICAL DATA**

It is my professional opinion that \_\_\_\_\_ has an injury, illness, or other health problem that will prevent his/her attendance at school for at least three consecutive weeks. The following information is required under West Virginia Board Policy 2510.

Do you certify that this student will be confined to the home or hospital for at least 3 consecutive weeks or longer? \_\_\_ Yes \_\_\_ No

**(If at any time the student is no longer considered confined to the home or hospital, the homebound services will no longer be valid)**

Specify the reason(s) the student cannot attend school \_\_\_\_\_  
\_\_\_\_\_

Specify the conditions under which the student can return to school \_\_\_\_\_  
\_\_\_\_\_

Initial Date of incapacity \_\_\_\_\_ Expected Date of Return to school \_\_\_\_\_

**BY SIGNING THIS FORM, YOU ARE CERTIFYING THIS STUDENT MEETS ALL OF THE CRITERIA SET FORTH IN THE WV STATE BOARD POLICY 2510. LICENSED PHYSICIAN MUST SPECIALIZE IN THE HEALTH CONDITION THAT MAY TEMPORARILY CONFINE A STUDENT TO HOME OR HOSPITAL.**

**Licensed Physician's** Name (Please Print) \_\_\_\_\_

**Licensed Physician's** Signature \_\_\_\_\_

Date \_\_\_\_\_ (Must be D.O or M.D.) Subject to Subpoena

**SECTION III – SCHOOL DATA**

**Indicate academic subjects needed:**

\_\_\_ 4 hours per week for k-5 \_\_\_ 4-6 hours per week for 6-8 \_\_\_ 6 hours per week for 9-12

\_\_\_ English (specify) \_\_\_\_\_ \_\_\_ Math (specify) \_\_\_\_\_

\_\_\_ Reading (specify) \_\_\_\_\_ \_\_\_ Soc. St. (specify) \_\_\_\_\_

\_\_\_ Science (specify) \_\_\_\_\_ \_\_\_ Other (specify) \_\_\_\_\_

Does the student have an IEP? \_\_\_ Yes \_\_\_ No

**If yes, the IEP must be changed to reflect OSE as defined by WV Board Policy 2419.**

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(High School level only)

**Approved** \_\_\_ Yes \_\_\_ No Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION IV – COUNTY OFFICE DATA**

**Approved** \_\_\_ Yes \_\_\_ No

Homebound Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher Assigned \_\_\_\_\_ Date \_\_\_\_\_

6.2.c.1. A student who, due to injury or illness as certified in writing by a licensed physician who specializes in the health condition, that may temporarily confine the student to home or hospital for a period that has lasted or will last more than three consecutive weeks will receive home/hospital services. The written statement from a license physician must include:

6.2.c.1.A. the specific reasons and period of time that the student must remain at home or in the hospital; and

6.2.c.1.B. the criteria or conditions under which the student will return to school, and the expected date of such return.

6.2.c.2. A written statement by a licensed physician who specializes in the health condition must be resubmitted at least every three months if a student's temporary home/hospital instruction is prolonged.

6.2.c.3. The county board of education may require that the parent and/or guardian obtain an opinion from a second licensed physician who specializes in the health condition at the expense of the county board.

6.2.c.4. Home/hospital services must be designed to provide the student adequate opportunity to continue learning toward mastery of grade level content standards while they are temporarily confined to home or hospital. These services may not replace full time instruction on an ongoing basis. The expectation is that the student will return to the regular classroom.

6.2.c.5. County boards of education shall develop and implement within their attendance policy procedures which shall outline and define the delivery of home/hospital services.

6.2.c.6. Since home/hospital services are temporary in nature, the home/hospital teachers are responsible for facilitating instruction only for approved content standards for core courses (i.e., English language arts, mathematics, science, and social studies). The home/hospital services are guided by the student's classroom teacher(s); consequently, the home/hospital teacher must be in regular contact with the classroom teacher(s) to:

6.2.c.6.A. secure and understand units/lessons, instructional plans, and instructional resources (including approved online and virtual options), and

6.2.c.6.B. establish procedures for the collection and return of student work to the classroom teacher(s) for feedback and assessment.

6.2.c.7. Home/hospital services, provided for an exceptional student who is unable to attend school temporarily because of an injury, illness, or health condition, require a change in the student's placement to Out-of-School Environment (hereinafter OSE) as defined by W. Va. 126CSR16, WVBE Policy 2419: Regulations for the Education of Students with Exceptionalities (hereinafter WVBE Policy 2419), Section 5.2.j. The change of placement to OSE must be addressed by the student's IEP Team and implemented in accordance with the requirements of WVBE Policy 2419.

6.2.c.8. Home and/or hospital services may also be provided temporarily at the direction of the county superintendent for students who have not met the immunization requirements of W. Va. Code §16-3-4.

**Form revised 10/2016**