

Homebound Service Parent Letter

Dear Parents/Guardians of students requiring homebound instruction:

Hallsville Public Schools will provide general education and special education services in a homebound setting, during the dates when school is ordinarily in session, for those students whose needs cannot be appropriately met in the school setting. Upon approval of the application and determination by the Homebound Services Office that the student can benefit from such a program, homebound instruction will be provided to students for the following reasons:

- Medical/Psychological
- Suspension/Expulsion/Incarceration
- IEP Placement {Programmatic}

The provision of homebound services is a cooperative effort between the home and school and requires shared responsibilities in order to be successful. The parent's role is an important piece and includes the following:

- Communication with the school regarding the need for homebound instruction
- In conjunction with the school counselor or case manager complete the homebound application
- Complete the Parent Sign-Off Form for homebound instruction
- Please note that your student will remain in school until homebound application has been approved
- Work with homebound teacher to establish mutually agreeable times for homebound instruction
- Agreement of an appropriate location for homebound services and provide transportation for the student to that location (if applicable)
- Ensure the student is present and ready to work for all homebound sessions
- Be present (or provide for the a responsible adult to be present) in the home during all periods of homebound instruction
- Contact homebound teacher and Angela Maseman, 573-696-5512 ext. 622, if your student is unavailable for instruction
- Inform school and prepare student for transition back to school as appropriate
- Contact homebound office if there are any concerns

Additional requirements for Medical/Psychological applications only:

- Submit completed Medical Application for Homebound Instruction application to physician and return signed form to the student's school
- Sign Release to Exchange Information for the physician who signed the application
- Contact homebound department for a new application if an extension of services is required by the physician

Regular attendance is required for homebound instruction. The district will not make up services missed due to lack of attendance. Homebound attendance is required under the Mandatory School Attendance Law and is submitted to the Department of Elementary and Secondary Education. Therefore, failure to participate in homebound instruction is considered truancy.

We look forward to working with you and your child to provide educational services. Please do not hesitate to call us if you can be of any assistance or answer any questions you might have.

Sincerely,

Hallsville Public Schools

Homebound Services Department

Hallsville Public Schools Homebound Services

Student Application

I. Student Information

Student has IEP _____ Non-Disabled Student _____ Date of Application: _____
Hours per week of instruction: _____ Anticipated Dates of Services: _____ to _____
Type of Application: Medical – Full Time _____ Medical – Intermittent _____ Suspension/Expulsion _____
IEP/504 Placement (complete temporary IEP and/or manifestation) _____ Admin Placement _____
Students Name: _____ Student ID #: _____ Age: _____
Birthdate: _____ Gender: _____ School: _____ Grade: _____
Parent/Guardian: _____
Please indicate relationship to student:
Parent _____ Foster Family _____ Surrogate Parent _____ Grandparent _____ Caseworker _____
Other _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Home Phone: _____ Cell Phone: _____
Ethnicity/Race: Hispanic/Latino _____ Asian _____ Black/African American _____ White _____
Native American _____ Other _____
Do Parents/Guardians read/understand (or have someone in the household to translate) English documents? Yes _____ No _____

II. School Information

School Attending: _____ Phone: _____ Fax: _____
Counselor: _____ Phone: _____ Fax: _____
Teacher/Dept. Chair: _____ Phone: _____ Fax: _____
Principal: _____ Phone: _____ Fax: _____

III. Special Education/504 Information

Students who access Homebound Services require a new IEP/504 to support the change of placement
Is the IEP/504 completed? Yes _____ No _____ IEP/504 date: _____ School days missed so far _____
Is student out for discipline reasons? Yes _____ No _____ Date of infraction: _____
Was the student recommended for suspension? Yes _____ No _____ Was behavior related to disability? Yes _____ No _____
Is student expelled? Yes _____ No _____ Was it a safe schools violation? Yes _____ No _____
Is the student incarcerated? Yes _____ No _____ Is SCM training required? Yes _____ No _____
Is the student eligible for and require homebound for E.S.Y.? Yes _____ No _____ NA (Only complete after May 1)

I understand an application is being submitted to Hallsville Public Schools, Attention- Angela Maseman-Homebound Services Department, to request homebound service for:

Student: _____ Name Student ID#: _____
Birth date: _____ School: _____

I acknowledge receipt of the Homebound Parent Letter and understand that homebound services cannot be considered, approved or initiated until all the necessary paperwork (including this form) is complete and in the homebound office and I agree to do the following checked items:

Required for all students	<p>Be visibly present (or provide for a responsible adult to be visibly present) in the home during all periods of homebound instruction. If I cannot be present the following responsible adult will be present and has authorization to make educational and medical decisions. for the student in my absence: Name: _____ Relationship: _____</p>
<p>Mark One: Service for student who are suspended/expelled will be at ACE (Alternative Center for Education) For IEP/504 students only</p>	<p>Arrange a suitable place for homebound instruction in the home Agree to attend our Alternative Center for Education for homebound services and provide transportation for student to that location</p>
Both are required for Medical or Psychological homebound services	<p>Submit completed application to physician and return signed form to the homebound office Sign Release to Exchange Information with the physician who signed the application</p>
Required for students from Agencies or Non-Public Schools	Sign Release to Exchange Information with Non-Public School or Agency.
If no service is required.	I am declining homebound services at this time

Signature of Parent/Guardian: _____ Date: _____

Hallsville Public Schools Homebound Services

Medical Application for Homebound Instruction

I give consent to the health care provider to share medical information regarding my son/daughter for the purpose of educational programming.

Print Name	Signature	Date
Student Name: _____	Student ID#: _____	
Home Address: _____	School: _____	
City/State/Zip: _____	Grade: _____	
Telephone: _____	Birthdate: _____	

Does this student receive Special Education/504 service? Yes No

If yes, a new IEP/504 Plan must be completed and Homebound Services notified.

The following medical information is necessary for educational planning:

1. Diagnosis & Treatment Plan: _____
2. Estimated hospital release date: _____
3. Estimated length of homebound services needed: _____
4. Pregnancy: What is estimated delivery date: _____
5. General comments: _____

Frequently we need additional information about a student; therefore, it is essential that all of the information about the health care provider be complete and legible.

Health Care Provider's Signature	Provider's Address
Print or Type Name of Above Signature	Provider's Telephone Number
Date	Please return form to: Homebound Services Department 6401 E. Hwy 124 Hallsville, MO 65255

Homebound Services Release Form for Physicians

This form is required to be completed by the parent/ guardian of students (or the student if 18 years old) requiring homebound service for medical/psychological reasons.

Student Name: _____ Student ID#: _____
 Birth Date: _____ School: _____
 Parent/Guardian: _____ Phone: _____
 Address: _____
 City:/State/Zip: _____

I hereby give my permission for the Hallsville Public School District to exchange information, which could include the following: student progress reports, multi-disciplinary evaluation report, mental health assessment report, IEP, behavior rating scales, attendance and medical information in verbal and/or written forms, as needed for educational reasons, with the physician listed below:

Doctor's Name: _____ Phone: _____
 Office Name: _____ Office Fax: _____
 Office Address: _____
 City:/State/Zip: _____

Type of Doctor: M.D. D.O. Psychiatrist Psychologist

Other

The signature below of the parent or legal guardian (or student if 18 years old) authorizes the exchange of information as described above.

Print Name _____ Signature _____ Date _____

Homebound Services Department
Hallsville Public Schools
6401 E. Hwy 124
Hallsville, MO 65255
FAX: 573-696-0729