

ADMINISTRATIVE REGULATION

# CENTENNIAL SCHOOL DISTRICT

APPROVED:

REVISED:

## 117-AR-0. HOMEBOUND INSTRUCTION

### Eligibility for Homebound Instruction

Children of school age who have a verified mental, physical, or other urgent reason that prohibits their attendance at school may qualify for homebound instruction.

Homebound instruction is valid for 60 days with recertification available up to 90 days. PDE must extend recertification after 90 days. The district will routinely provide up to five (5) hours of homebound instruction per week for each individual student.

Students identified as special education students under IDEA must have prior approval from PDE before receiving homebound instruction.

A student attending a non-public school must register with the registrar and be on the active rolls of the public school during the period of homebound instruction.

### Requests For Homebound Instruction

The request for homebound instruction may be initiated by:

- Parent/Guardian
- School personnel
- Agency or institution

The request form (No. 117-AR-1) shall be presented to the Principal.

When in receipt of a request, the principal shall submit the request to the Superintendent for approval and implementation.

Before processing the request, the Superintendent will advise the parent/guardian that a written statement by a physician is required. Such a statement shall include the following:

- Diagnosis (nature of handicap or illness)
- Anticipated duration of absence (minimum ten [10] school days for grades K-12)
- Original recommendation of physician; copies are not accepted. (Note: A mental health diagnosis must be accompanied by a psychologist's or psychiatrist's recommendation.)

Homebound instruction must be approved by the Superintendent. The Superintendent will be consulted on questionable cases.

The Superintendent shall take action on the request and shall immediately notify the parent/guardian and the principal of this action.

If the parent/guardian is unable to be present in the home at the time of instruction, the parent/guardian shall designate to the Superintendent in writing a responsible adult to be in the home during periods of homebound instruction.

### **Staff Responsibilities**

#### **1. The Superintendent shall:**

- a. Provide the parent/guardian with the following to initiate homebound instruction:
  - i. Request for Homebound Instruction (No. 117-AR-1)
  - ii. Physician's Statement for Homebound Instruction (No. 117-AR-2)
  - iii. District Consent for Release/Exchange of Information (No. 117-AR-7)
  - iv. Provide the Parent Guideline/Information sheet
- b. Notify the principal regarding homebound teacher assignments and the effective starting date and ending date for homebound instruction.**
- c. Direct the homebound teacher to contact the classroom teacher within two (2) school days following the approval of the request for homebound instruction.
- d. Provide the Nurse Coordinator a copy of:
  - i. Request for Homebound Instruction (No. 117-AR-1)
  - ii. Physician's Statement for Homebound Instruction (No. 117-AR-2)
  - iii. District Consent for Release/Exchange of Information
  - iv. Nurse Coordinator Review Sheet (No. 117-AR-6)
- e. Provide the homebound instructor with a copy of the student handbook.
- f. Submit monthly payroll and mileage requests for the homebound teacher(s) to the Business Office.**
- g. Provide the designated school personnel: principal, school secretary (elementary school level), guidance counselor (middle school level), and main office secretary (high school level) with the monthly Homebound Instruction Report (No. 117-AR-5).
- h. At the end of 45-50 days, the Superintendent shall review the medical/psychiatric status to substantiate the need for continued service and notify parents that the duration of the 60-day homebound instruction is approaching. If homebound instruction is to continue past the 60 days, the parent must have the physician complete the Physician Statement for Homebound Instruction (No. 117-AR-2). If the student is to continue past 90 days, PDE must be notified for an extension prior to re-approving the request.
- i. The Superintendent will contact the appropriate school personnel to provide an update of homebound status.
- j. Once approved, send letter indicating contact information.

#### **2. The nurse coordinator shall:**

- a. Review the request.
- b. Contact physician/family if further information is required.
- c. Complete the Nurse Coordinator Review Sheet.
- d. Review any extensions of homebound instruction and complete the Nurse Coordinator Review Sheet.

**3. The principal/counselor/teacher shall:**

- a. Alert the classroom teacher of student's status and request assignments and books using the Homebound Instruction Assignments form (No. 117-AR-3).
- b. Within 2 days of the request, the classroom teacher(s) will provide information to:
  - i. School secretary for students at the elementary school level
  - ii. Guidance office secretary for students at the middle school level
  - iii. Main office secretary for students at the high school level
- c. Alert the homebound teacher to retrieve the information.
- d. Verify that assignments are provided to the homebound teacher every two (2) weeks.
- e. Ensure that the homebound student is counted as present on the daily attendance register.
- f. Change the status of any vocational/technical student on homebound instruction from part-time to full-time for the duration of the homebound instruction.
- g. Determine the responsibility of the homebound teacher and the student's regular classroom teacher for grading of the homebound student.

**4. The homebound teacher shall:**

- a. **Retrieve assignments and books from the home school and communicate with appropriate staff members.**
- b. **Schedule instructional time with the child's parent/guardian. This instruction shall be scheduled at times when a parent/guardian or other designated adult is at the residence where instruction will take place. The child's parent/guardian will sign a form to document the delivery of scheduled instruction. If the parent/guardian or other designated adult is not present at the residence during the scheduled instructional time, the instruction will not take place. This incident shall be reported to the Superintendent.**
- c. Notify the parent/guardian in advance if a scheduled appointment cannot be kept.
- d. On the third of each month, submit the Homebound Instruction Report (No. 117-AR-5) to the Superintendent.
- e. On the third of each month, complete the monthly payroll and mileage forms as required and submit to the Superintendent.
- f. Submit monthly reports to the Superintendent.
- g. **Submit a final report and grades to the Principal.**
- h. **Notify the Superintendent of the last day of homebound instruction services.**

**5. Parent/Guardian Responsibilities**

Parents/Guardians are expected to carry out the following responsibilities:

- a. Once homebound is approved you will receive a letter indicating contact information.
- b. **Be present in the residence at all times when homebound instruction is offered or designate in writing another adult who will be present.**
- c. **Provide a quiet place for instruction and completion of assignments.**
  - i. **There should be no interruptions during homebound instruction**
  - ii. **Visitors and other family members should not be permitted in the room during instruction.**

- d. **Schedule instructional time with the homebound teacher taking into consideration:**
  - i. **The physical and mental health of student.**
  - ii. **The availability of an adult being present in the home.**
- e. If possible, provide 24-hour notice to the homebound instructor regarding cancellation of a session.
- f. **Verify the delivery of instruction at the scheduled time by signing the form at the end of each instructional session.**
  - i. **If services are to continue beyond sixty (60) days, provide a revised Physician's Statement for Homebound Instruction (No. 117-AR-2) to the Superintendent.**

ADMINISTRATIVE REGULATION

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REVISED:

# CENTENNIAL SCHOOL DISTRICT

## 117-AR-1. REQUEST FOR HOMEBOUND INSTRUCTION

### **Section I** (Completed by parent/guardian/agency/institution)

1. Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_
2. Address \_\_\_\_\_ Phone # \_\_\_\_\_
3. School \_\_\_\_\_ Grade \_\_\_\_\_ Date Last Attended \_\_\_\_\_
4. Parent/Guardian Name(s) \_\_\_\_\_  
Address (If different than above) \_\_\_\_\_ Phone # \_\_\_\_\_
5. Does student receive Special Education Services? No  Yes  (If yes, indicate type below)

- Learning Support  Emotional Support  Life Skills  Autistic Support  Speech/Language

### Reason for Homebound Instruction Request

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: Original recommendation of physician must be attached, copies not accepted. This recommendation must include diagnosis and anticipated duration of absence. (Minimum ten [10] school days for grades K-12)

Projected duration of homebound services \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Section II** (Completed by school personnel)

#### A. Approvals:

Principal \_\_\_\_\_ Date \_\_\_\_\_  Approve  Disapprove

Superintendent \_\_\_\_\_ Date \_\_\_\_\_  Approve  Disapprove

#### B. Disposition

1. Assigned to \_\_\_\_\_  
Teacher(s)
2. Beginning date \_\_\_\_\_
3. Projected termination date \_\_\_\_\_
4. Actual termination date \_\_\_\_\_

Dear Parent/Guardian,

The following information indicates your responsibilities during the time that your child will be receiving homebound instruction.

You are expected to carry out the following responsibilities:

- a. Be present in the residence at all times when homebound instruction is offered or designate in writing another adult who will be present.
- b. Provide a quiet place for instruction and completion of assignments.
  - a. There should be no interruptions during homebound instruction.
  - b. Visitors and other family members should not be permitted in the room during instruction.
- c. Schedule instructional time with the homebound teacher taking into consideration:
  - a. The physical and mental health of student.
  - b. The availability of an adult being present in the home.
- d. If possible, provide 24-hour notice to the homebound instructor regarding cancellation of a session.
- e. Verify the delivery of instruction at the scheduled time by signing the form at the end of each instructional session.
  - a. If services are to continue beyond sixty (60) days, a revised Physician's Statement for Homebound Instruction (No. 117-AR-2) is required to be submitted to the Superintendent.

Student Name: \_\_\_\_\_

My signature below indicates that I have read and understand my responsibilities listed above.

Parent/Guardian: \_\_\_\_\_

# CENTENNIAL SCHOOL DISTRICT

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## 117-AR-2. PHYSICIAN'S STATEMENT FOR HOMEBOUND INSTRUCTION

**Note To Physician:** Homebound instruction is a temporary service for students who will be out of school for physical, medical, or other urgent reason(s). Homebound instruction is not a long-term alternative to school attendance. Applications for homebound instruction **due to a psychiatric reason** need to be **signed by a physician or psychiatrist**.

I hereby certify that \_\_\_\_\_ DOB \_\_\_\_\_ has been under my  
(Student's Name)  
professional care and is unable to attend school.

Diagnosis/Disability: \_\_\_\_\_

**If the diagnosis/disability is of a psychiatric nature, please complete the following:**

Current level of treatment:

Has hospitalization or partial hospitalization program been recommended?  YES  NO

Name and phone number of therapist or case manager:

Medications/Interventions:

Is the student physically unable to attend his/her regular school?  YES  NO

Is the student physically able to participate in a homebound instruction program?  YES  NO

Can student be assigned to a modified school program (e.g., half days, modified week) ?  YES  NO

If no, why? \_\_\_\_\_

Recommended hours of instruction per week (5 hours are the maximum) \_\_\_\_\_

**DATE STUDENT CAN RETURN TO SCHOOL (must be provided):** \_\_\_\_\_

**(NO LONGER THAN 60 DAYS)  
An extension can be requested**

Physician's Name (Please Print Clearly)

Physician's Signature (**Signature Stamp Not Accepted**)

Date

Address

Zip

Phone

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# CENTENNIAL SCHOOL DISTRICT

## 117-AR-3. HOMEBOUND INSTRUCTION ASSIGNMENTS

Student: \_\_\_\_\_ Date Homebound Instruction Began: \_\_\_\_\_

School: \_\_\_\_\_ Date of Tentative Return: \_\_\_\_\_

Grade: \_\_\_\_\_ Person Coordinating Work: \_\_\_\_\_

Subject: \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal/Designee

Classroom Teacher: \_\_\_\_\_

Homebound Teacher: \_\_\_\_\_

.....  
ASSIGNMENTS: From: \_\_\_\_\_ To: \_\_\_\_\_

Text(s) \_\_\_\_\_

Project(s) \_\_\_\_\_

Test(s) \_\_\_\_\_

\_\_\_\_\_  
Signature of Classroom Teacher

Grading Responsibility:

Homebound teacher

Classroom teacher (after completed homebound work is submitted)

Other: \_\_\_\_\_



# CENTENNIAL SCHOOL DISTRICT

## Homebound Instruction – Verification and Reimbursement Form

No. 117-AR-4

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date Homebound Instruction Began: \_\_\_\_\_

Subject(s) **(1) English/Language Arts**    **(2) Math**    **(3) Science**    **(4) Social Studies**    **(5) Foreign Language**    **(6) Other:** \_\_\_\_\_

Homebound Instructor: \_\_\_\_\_

											Month	Date Submitted		
Sunday	Monday		Tuesday		Wednesday		Thursday		Friday	Saturday				
Date	TIME: From	To	Date	TIME: From	To	Date	TIME: From	To	Date	TIME: From	To	Date	TIME: From	To
Date	TIME: From	To	Date	TIME: From	To	Date	TIME: From	To	Date	TIME: From	To	Date	TIME: From	To
	Total hours:			Total hours:			Total hours:			Total hours:			Total hours:	
	Subject(s): circle			Subject(s): circle			Subject(s): circle			Subject(s): circle			Subject(s): circle	
	1 2 3 4 5 6			1 2 3 4 5 6			1 2 3 4 5 6			1 2 3 4 5 6			1 2 3 4 5 6	
	Parent Initial: _____			Parent Initial: _____			Parent Initial: _____			Parent Initial: _____			Parent Initial: _____	
Date	TIME: From	To	Date	TIME: From	To	Date	TIME: From	To	Date	TIME: From	To	Date	TIME: From	To
	Total hours:			Total hours:			Total hours:			Total hours:			Total hours:	
	Subject(s): circle			Subject(s): circle			Subject(s): circle			Subject(s): circle			Subject(s): circle	
	1 2 3 4 5 6			1 2 3 4 5 6			1 2 3 4 5 6			1 2 3 4 5 6			1 2 3 4 5 6	
	Parent Initial: _____			Parent Initial: _____			Parent Initial: _____			Parent Initial: _____			Parent Initial: _____	
Date	TIME: From	To	Date	TIME: From	To	Date	TIME: From	To	Date	TIME: From	To	Date	TIME: From	To
	Total hours:			Total hours:			Total hours:			Total hours:			Total hours:	
	Subject(s): circle			Subject(s): circle			Subject(s): circle			Subject(s): circle			Subject(s): circle	
	1 2 3 4 5 6			1 2 3 4 5 6			1 2 3 4 5 6			1 2 3 4 5 6			1 2 3 4 5 6	
	Parent Initial: _____			Parent Initial: _____			Parent Initial: _____			Parent Initial: _____			Parent Initial: _____	
Date	TIME: From	To	Date	TIME: From	To	Date	TIME: From	To	Date	TIME: From	To	Date	TIME: From	To
	Total hours:			Total hours:			Total hours:			Total hours:			Total hours:	
	Subject(s): circle			Subject(s): circle			Subject(s): circle			Subject(s): circle			Subject(s): circle	
	1 2 3 4 5 6			1 2 3 4 5 6			1 2 3 4 5 6			1 2 3 4 5 6			1 2 3 4 5 6	
	Parent Initial: _____			Parent Initial: _____			Parent Initial: _____			Parent Initial: _____			Parent Initial: _____	
Date	TIME: From	To	Date	TIME: From	To	Date	TIME: From	To	Date	TIME: From	To	Date	TIME: From	To
	Total hours:			Total hours:			Total hours:			Total hours:			Total hours:	
	Subject(s): circle			Subject(s): circle			Subject(s): circle			Subject(s): circle			Subject(s): circle	
	1 2 3 4 5 6			1 2 3 4 5 6			1 2 3 4 5 6			1 2 3 4 5 6			1 2 3 4 5 6	
	Parent Initial: _____			Parent Initial: _____			Parent Initial: _____			Parent Initial: _____			Parent Initial: _____	
Date	TIME: From	To	Date	TIME: From	To	Date	TIME: From	To	Date	TIME: From	To	Date	TIME: From	To
	Total hours:			Total hours:			Total hours:			Total hours:			Total hours:	
	Subject(s): circle			Subject(s): circle			Subject(s): circle			Subject(s): circle			Subject(s): circle	
	1 2 3 4 5 6			1 2 3 4 5 6			1 2 3 4 5 6			1 2 3 4 5 6			1 2 3 4 5 6	
	Parent Initial: _____			Parent Initial: _____			Parent Initial: _____			Parent Initial: _____			Parent Initial: _____	

Total hours for month: \_\_\_\_\_

Signature of Homebound Instructor: \_\_\_\_\_

<b>OFFICE USE ONLY:</b> Elementary Alloc. # 10-1430-123-000-10-00 _____	Secondary Alloc. # 10-1430-123-000-30-00 _____	Approved: _____
Total Hours	Total Hours	Director Signature

ADMINISTRATIVE REGULATION

# CENTENNIAL SCHOOL DISTRICT

APPROVED:

REVISED:

## 117-AR-5. HOMEBOUND INSTRUCTION REPORT

Student: \_\_\_\_\_ Homebound Teacher: \_\_\_\_\_

School: \_\_\_\_\_ Classroom Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_ Date Homebound  
Instruction Began: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Number of Hours Taught: \_\_\_\_\_

Report From: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Date(s) of School Contacts: \_\_\_\_\_

Subject: \_\_\_\_\_

\_\_\_\_\_  
This report is a brief summary of the work covered, tests administered, and projects completed.

Check one: Monthly Report

Final Report  Grade \_\_\_\_\_ when applicable

SUMMARY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Homebound Teacher's Signature

# CENTENNIAL SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED:

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## 117-AR-6 HOMEBOUND INSTRUCTION NURSE COORDINATOR REVIEW SHEET

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

SOCIAL WORKER INVOLVEMENT NEEDED:  YES  NO

Review Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Review Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Review Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Review Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Review Date: \_\_\_\_\_

Comments: \_\_\_\_\_

ADMINISTRATIVE REGULATION

# CENTENNIAL SCHOOL DISTRICT

APPROVED:

REVISED:

## 117-AR-7. AUTHORIZATION TO REQUEST/RELEASE CONFIDENTIAL INFORMATION TO/FROM CENTENNIAL SCHOOL DISTRICT

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize Centennial School District to release/obtain  
Parent/Guardian

records and information regarding my child/ward (Please complete the following as appropriate):

1. \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Email Phone Fax
2. \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Email Phone Fax
3. \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Email Phone Fax
4. \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Email Phone Fax

I understand that:

- I have no obligation to consent to this release;
- I have the right to inspect the information to be released;
- I may revoke this consent at any time in writing, which will prevent the release of any information not already released

117-AR-7. AUTHORIZATION TO REQUEST/RELEASE CONFIDENTIAL  
INFORMATION TO/FROM CENTENNIAL SCHOOL DISTRICT

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Specific information to be released or received include pertinent information from:

Reports/Records

- |  |  |
|--|--|
| <input type="checkbox"/> Psychological | <input type="checkbox"/> ER/RR               |
| <input type="checkbox"/> Psychiatric   | <input type="checkbox"/> IEP                 |
| <input type="checkbox"/> Medical       | <input type="checkbox"/> Medical Reports     |
| <input type="checkbox"/> Speech        | <input type="checkbox"/> Discharge Summaries |
| <input type="checkbox"/> OT/PT         | <input type="checkbox"/> Educational Records |
| <input type="checkbox"/> Vision        |  |
| <input type="checkbox"/> Audiological  | <input type="checkbox"/> Other:              |

Phone conversations/emails with:

- |   |
|---|
| <input type="checkbox"/> Psychiatrist           |
| <input type="checkbox"/> Psychologist/Therapist |
| <input type="checkbox"/> Physician              |
| <input type="checkbox"/> Other:                 |

I have read and/or had this form explained to me, understand its contents, and by my signature, consent to the release of the information as described herein, which will expire 1 calendar year from the date below.

---

*(Signature of Parent/Guardian)*

(Date)

[Signature of Parent/Guardian required if student is between the ages of 14 and 17 & involuntarily committed]

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*(Signature of student, if 14 years and older)*

(Date)