

Home/Hospital Instruction

What is the purpose of the Home/Hospital Instruction Program?

The Home/Hospital Instruction Program acts as a bridge, assisting qualifying students at home recovering from a medical condition in keeping current with classroom information and assignments until they are able to return to school.

Home/Hospital Instruction, also referred to as homebound, is a program that provides educational services to students that are injured, ill, have had surgery, or have mental health issues. To be eligible, a doctor has to anticipate absences of more than 5 consecutive school days.

The student's doctor must complete the application. The forms are available online at www.woodfordschools.org under Home/Hospital Services. They are also available in the Main Office of all Woodford County Public Schools and at Central Office. Directions are affixed to the front. Parents are responsible for getting the doctor to complete the form. The application is then reviewed by the Home/Hospital Committee. The parent/guardian will then be contacted regarding visitation times. Parents are also required to sign and date a separate information and permission form to be given to the Home/Hospital Instructor.

Please note: Students who are seeking Home/Hospital Services for mental health reasons must have their medical form completed and signed by a licensed psychologist or psychiatrist.

Once visitation has been set, the student will be visited twice every 5 days of school being in session for a one hour session. The student's classroom teacher will provide the assignments to the Home/Hospital Instructor. The role of the Home/Hospital Instructor is to assist with assignments and return them to the classroom teacher. He/she will administer tests, quizzes, and projects as required by the classroom teacher.

Grades are maintained by the classroom teacher. Progress reports will be available as usual.

*Students with Individual Educational Plans will require an Admission & Release Committee Meeting to change their placement before Home/Hospital Instruction may begin.

Home/Hospital Instruction Enrollment Information for Parents

1. If student will be absent from school for longer than five consecutive days, parents should pick up an enrollment form from the student's home school or from Central Office.
2. Have enrollment form filled out and signed by the doctor (make sure the signature is legible). If Home/Hospital Instruction is being requested for mental health reasons, the application must be signed by a licensed psychologist or psychiatrist (704 KAR 7:120) instead of a physician.
3. Turn in the completed form to the school counselor or principal, who will immediately give the application to the Home/Hospital Instructor. The counselor/principal will make sure the student is eligible for Home/Hospital Instruction without needing an ARC for placement, if needed; he/she will schedule an ARC.
4. The Home/Hospital Instructor will send the form to the Director of Pupil Personnel at Central Office for approval.
5. The District Home/Hospital Committee will approve or reject the request.
6. The Home/Hospital Instructor will then contact the parents of the student to schedule appointment times.
7. The Home/Hospital Instructor will meet twice a week with the student for one hour each visit. The Home/Hospital Instructor will maintain contact with the student's teachers while the student is enrolled in the Home/Hospital Program.
8. The student returns to school at the designated time on the Home/Hospital Medical Form. If the student returns earlier than originally predicted, inform the Home/Hospital Instructor of the student's return to the school classroom. The student will then be withdrawn from the Home/Hospital Program. An ARC will be held, if needed.
9. Students who work or participate in athletic and/or extracurricular activities are not eligible for Home/Hospital Instruction under Kentucky Department of Education Regulations.

Home/Hospital Instruction Contact Phone Number
859-983-4541

Application for Home/Hospital Instruction
Parent/Student Information

Section I

To be completed by the parent(s)/guardian(s) prior to full completion by the licensed medical or mental health professional.

School District _____ School _____

Grade _____ County of Residence _____

Last Date Attended _____ Special Education Student Yes No

Name of Student _____ Date of Birth _____

Address of Student _____ Zip Code _____

Sex _____ Race _____ Social Security # _____ Phone _____

Full Name of Father/Guardian _____ Work Phone _____

Full Name of Mother/Guardian _____ Work Phone _____

List any special education program in which your son or daughter may be enrolled: _____

Directions to student's home _____

Pursuant to KRS 159.020, Section (2), before granting an exemption under paragraph (d) of subsection (1) of this section, the Board of Education shall require satisfactory evidence, in the form of a signed statement of a licensed physician, advanced registered nurse practitioner, psychologist, psychiatrist, chiropractor, or public health officer, that the condition of the child prevents or renders inadvisable attendance at school or application to study. On the basis of such evidence the board may exempt the child from compulsory attendance. Eligibility for Home/Hospital Instruction for students with disabilities shall be determined by the Admissions and Release committee (ARC) in accordance with their Individual Education Program (IEP). In lieu of this application, this ARC chairperson shall provide written notice of this eligibility to the local Director of Pupil Personnel (DPP) for purposes of program enrollment.

Any child who is excused from school attendance more than six (6) months must have two (2) signed statements from two different local health personnel which can be a combination of the following professional persons: a licensed physician, advanced registered nurse practitioner, psychologist, psychiatrist, chiropractor and health officer. If a medical professional certifies that a student has a chronic physical condition unlikely to substantially improve with one (1) year, then the one signed statement is sufficient for services that extend beyond six (6) months. This exception does not apply to students with mental health conditions.

Exemptions of all children under the provisions of subsection (1) (d) of this section must be reviewed annually with the evidence required being updated, except that children with disabilities certified by a medical professional to have a chronic physical condition unlikely to substantially improve within three (3) years may continue to be eligible for Home/Hospital Instruction services, based on the Admissions and Release Committee's (ARC) annual review of documentation to determine if updated evidence is required. Updated documentation of evidence of need for Home/Hospital services for children with chronic physical conditions shall be provided as requested by the ARC, or at least every three (3) years.

Pursuant to 704 KAR 7:120, the condition of pregnancy is not to be considered a physical or health impairment in and of itself, and the nature and extent of any application shall be delineated prior to consideration of Home/Hospital Instruction for his condition.

Release of Information

I understand that the Home/Hospital Review committee may request a review of the information provided on these forms by local health personnel. I hereby authorize this committee to have access to pertinent information regarding this request.

Parent/Guardian Signature

Date

**Application for Home/Hospital Instruction
Professional Statement**

Section II

This section is to be filled out by the authorized medical or mental health professional.

It shall be determined that a child or youth is to be provided Home/Hospital Instruction if the condition of the child or youth prevents or renders inadvisable attendance at school as verified by signed professional statement in accordance with KRS 159.030 (2) and 704 KAR 7:1`20.

Please Note: Home Instruction (homebound) is short-term instruction provided in a home or other designated site for a student who is temporarily unable to attend school. According to state guidelines, two hours of home instruction each week is the equivalent to one full week of school attendance. Home instruction is not designed to take the place of a more appropriate school placement.

Name of Student _____

Please check one of the following:

The student can attend school without any type of modifications or special provisions.
Comments: _____

The student can attend school only with modifications or special provisions.
Describe modifications needed: _____

The student is unable to attend school at this time due to health concerns, and I do support Home/Hospital Instruction. (If checked, please complete the rest of this section.)

I do/ do not support Home/Hospital Instruction for this student. If you do not support Home/Hospital Instruction at this time, please state your concerns and/or recommendations: _____

If you do support Home/Hospital Instruction at this time, please fill out the rest of Section II.

Diagnosis _____ Prognosis Good Fair Poor

Specific reason(s) why the student is unable to attend school at this time: _____

How long have you been seeing the patient for the diagnosis listed? _____

Approximate length of time student will need Home/Hospital Instruction _____

Please summarize test and all other data collected that supports that supports the need for Home/Hospital Instruction at this time. _____

What is the treatment plan for the patient? _____

What is the expected duration of treatment? _____

Check here if this student has a chronic physical condition that is unlikely to substantially improve within one year.

What ancillary services are involved in treatment? _____

List consultants/specialists to whom this student has been referred.

Name	Specialty	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will you be following the patient? Yes No If not, who will?

Name _____ Phone _____

Address _____

Anticipated date of student's return to school _____

What are your recommendations to assist this student in his/her return to school? _____

Remarks/Comments: _____

Signature of Licensed Professional _____ Title _____ Date _____

Please print name of professional: _____

Office Address _____

Phone _____

Fax _____

**Parent Information and Permission
For Home/Hospital Instruction**

Dear Parent,

_____, student at _____ has met the requirements for the Home Instruction program. There are several ways in which you can assist us in continue the education of your child.

1. There must be a responsible adult present in the home at all times during the teacher's visit. This must be observed at all times.
2. The teacher will visit twice a week, one hour each visit, for a total of two (2) hours a week. It is important that the student be available at the assignment time when scheduled.
3. Parents/guardians are necessary for the success of your child's instruction. This program is designed to help keep the student on track, but cannot be a substitute for a full week of regular instruction. Therefore, parents/guardians must take an active role in working with the student to advance in their course work.
4. Notification to the teacher should be made in advance if the student is unable to have a lesson. Time and gasoline is both precious. Three unexcused absences will be turned over to the appropriate authorities as truant behavior. Please call the teacher the day before or by 8:00 a.m. in the morning at 859-983-4541.
5. Please provide a suitable work-study area with appropriate lighting where the student and teacher can work without interruption (tape player, radio and TV turned off). The area should be free from household traffic.
6. No eating or smoking is permitted during the visit.
7. Other children, visitors, or pets should be kept out of the room so that the teacher will have the student's full concentration.
8. Please check with your child regarding the completion of his/her required daily assignments in order to be ready for instruction at the next designated time.
9. Arrange for the student to have sufficient rest and to be ready for work when the teacher arrives at the home.
10. Please notify the home instructor as soon as the medical doctor gives permission for the student to return to school. The homebound instruction will be discontinued at the time specified on the enrollment form by the doctor. If there is a need for continued instruction, a new form will be required.

We believe that with cooperation among the parents/guardians, the student, and the teacher we will be able to provide a good home instruction program for your child.

I/we, as parent(s) or guardian(s), agree to fulfill the above requests.

Parent(s)/Guardian(s) Signature

Date

**Application for Home/Hospital Instruction
Home/Hospital Review Committee**

Section III

This section is to be completed by the Home/Hospital Review Committee.

Name of Student: _____

Date Application Received: _____ Approved Denied Incomplete

If approved, date of services will be from _____ until _____
(Review Date)

If eligibility for serviced is denied, reason for denial: _____

If incomplete application, type of additional information requested: _____

Date of Request: _____ Person Contacted: _____

Signatures of Committee Members:

Director of Pupil Personnel Date

Home/Hospital Services Instructor or Program Director Date

Local Medical or Mental Health Personnel Date

Title

Comments: _____

