

HOSPITAL AND HOMEBOUND INSTRUCTION POLICY & ACKNOWLEDGEMENT

POLICY & PURPOSE:

The purpose of the Hospital and Homebound Instruction Policy is to provide a continuation of academic instruction to those students who are unable to participate in regular classroom activities as a result of an accident, physical or psychological illness, or pregnancy that has been documented by a medical professional. Hospital and homebound instruction make it possible for students to complete academic work and successfully transition back to school. Hospital and homebound instruction does not guarantee that students will progress in the academic program or that all graduation requirements will be met.

Any LAMB PCS student who is out of school for 10 or more consecutive days for the noted reasons above, including verified medical documentation from a licensed provider, would be eligible for hospital and homebound instruction. A parent/guardian is responsible for contacting the school's Special Education Manager to discuss the policy and procedures for hospital or homebound instruction. Following this initial contact, the parent/guardian must complete and return the Hospital and Homebound Instruction Packet. Hospital and Homebound instruction will be provided to qualified students with the equivalent of 30 minutes/week/core content subject currently enrolled. Any student who qualifies for hospital and homebound instruction will remain enrolled at LAMB PCS and will not be considered "absent." Instruction will be limited to core academic subjects (mathematics, English, history, and science).

QUALIFICATION FOR SERVICES

To qualify for hospital and homebound services, the student must be enrolled at LAMB PCS. Additionally, the student:

- Is hospitalized or homebound due to an accident, physical illness, psychological or emotional illness, disability, or other short-term medical necessity documented and verified by a licensed provider.
- Has missed or is expected to miss 10 or more consecutive school days.
- Is consistently unable to attend school regularly or be present for a minimum of 60% of the school day due to a documented medical condition.

Services will commence upon receipt of all necessary documentation. (See Homebound Instruction Packet). In general, hospital and homebound services are considered to be temporary solutions. All students should return to a regular school placement as soon as possible. Additionally, hospital and homebound services must be requested by the parent/guardian for any student under the age of 18. The student's physician is required to submit documentation (See Homebound Instruction Packet). If the student is absent for more than 60 consecutive days, a reauthorization from the student's physician is required. A student's medical documentation must specify the anticipated duration of the necessary homebound instruction.

Further, students receiving homebound/hospital instruction must receive written clearance from the medical professional in order to return to the regular school setting. LAMB PCS staff reserves the right to contact a medical provider to verify documentation. The medical certification of need is the health care provider's documentation of the student's illness, treatment plan, and the estimated length of recovery time. The certification must be fully completed, including parental permission for LAMB PCS staff to

contact the treating physician or licensed clinical psychologist in order for the student to be considered for homebound services.

The Special Education manager reviews all requests for completeness of information and appropriateness of the request and will follow up with the treating physician or licensed clinical psychologist to clarify the need for homebound instruction versus school-based instruction with appropriate accommodations, as necessary. Homebound services are for student illness/injury only; services are not appropriate to compensate for absences related to family care or illness.

Homebound instruction shall be made available to students confined at home or in a health care facility for periods that would prevent normal school attendance. The term “confined at home or in a health care facility” means the student cannot participate in the normal day-to-day activities typically expected during school attendance, and absences from home are infrequent, for periods of relatively short duration, or to receive health care treatment. Students receiving homebound instruction may not work or participate in extra-curricular activities, nonacademic activities (such as field trips), or community activities unless these activities are specifically outlined in the student’s medical plan of care or the Individualized Education Program (IEP) (if applicable).

DESCRIPTION OF INSTRUCTION

Qualifying students will receive the equivalent of 30 minutes/week/core content subject currently enrolled. Instruction is to be provided during the regular school hours. LAMB PCS will attempt to schedule all sessions in conjunction with parents/guardians. Notice of a need to reschedule sessions must be submitted no less than 24 hours before the scheduled session. Instruction does not go back and teach previously missed assignments; instruction is for the time period once the student qualifies until they transition back to the regular classroom. Failure of students to attend or participate in scheduled sessions will not result in additional time allotted or make-up sessions. Instruction may occur in the home, in other agreed-upon appropriate public location (e.g., a library, classroom in a recreational center, or school), or virtually. If instruction occurs in the home, the student’s parent/guardian is responsible for being home during the entirety of the instructional period. The parent/guardian must be 18 years of age or older. If instruction is to take place in the home, a quiet, designated space must be provided for instruction to occur. Without a parent/guardian present, instruction in the home will not take place, nor will it be made up. A regular program of study and preparation of lessons and materials by their teachers is required for each student. Substitute assignments may be provided if regular assignments or activities cannot occur outside the classroom. In addition to the weekly instructional sessions, the student is expected to complete assignments on his or her own time.

SELECTION AND RESPONSIBILITY OF INSTRUCTORS

For homebound students, LAMB PCS may provide instruction through an external provider or computer-based service provider. Once an instructor has been assigned, he or she will coordinate with the parent/guardian to arrange instruction dates, times, and locations.

For hospitalized students, LAMB PCS will work with the hospital to identify appropriate services. All instruction must take place at the hospital. All lessons and corresponding materials will be coordinated with the instructor and a representative from LAMB PCS.

Students with disabilities have rights and protections under Section 504 and the IDEA. If a student with a disability is found eligible for Homebound Instruction, the responsibilities for planning, implementing, and monitoring the academic program remain with the student’s IEP or 504 team.

TO BE COMPLETED BY PARENT/CAREGIVER:

I have reviewed and understand the LAMB PCS Hospital and Homebound Instruction Policy. I understand that services will not begin until all components of the Homebound Instruction Packet have been submitted to and approved by the Special Education Manager of my child's school. I have received a copy of this policy and the Homebound Instruction Packet.

Student's Name:
Student's Date of Birth:
Parent's Name:
Parent's Signature:
Date:

TO BE COMPLETED BY SPECIAL EDUCATION MANAGER/SCHOOL STAFF:

Date Received:
Parent provided with a copy of the policy and Homebound Instruction Packet on:
School Staff Name:

[Part 1 of 3: Physician Verification Form](#)

Student Name:
Date of Birth:
Grade:
School/LEA:

*The treating practitioner for the diagnosis related to absences should complete this form. **It MUST be completed by the treating physician, psychiatrist, nurse practitioner, or licensed mental health practitioner and cannot be completed by any other provider or the parent/guardian.***

Provider's Name:
Provider's Title:
Provider's License Number:
Provider's Email Address:
Hospital/Practice Name:
Hospital Practice Phone Number:

1. Please indicate each of the student's diagnosis/diagnoses and specify the physical and/or psychiatric condition(s) that prevent attendance at school.

Part 2 of 3: Parent/Guardian Agreement

If my student is approved for Home/Hospital Instruction (HHI), I understand and agree to the following (initial each term below):

Initial	Responsibility
	I will provide a safe, quiet setting for the student and teacher or service provider in my home. This includes securing all animals in another location, refraining from smoking, and minimizing distractions (television off, etc.). If instruction is to occur virtually, I will provide a quiet setting free of distractions and ambient noise and will communicate with my school regarding any necessary technology required to ensure consistent internet access and virtual participation.
	I, or another responsible adult, will always be with the student and teacher.
	I will communicate openly/respectfully with the home/hospital instructor and related staff.
	I will update all forms upon any change in my student's physician, condition, or treatment.
	I give permission for the physician(s) and school personnel to release and exchange information and records regarding my child's medical condition and instructional program.
	I agree the LEA's Family Handbook and code of conduct apply to and during HHI.
	I know and accept that not all topics and content areas may be available through HHI.
	I am aware and accept that the instruction provided during HHI, potentially including the standards, scope, sequence, materials, or assignments, may not be the same as those presented in my student's regular classroom and school setting.
	I understand and accept that HHI must be reauthorized every 60 days, or sooner, based on relevant changes in my child's condition.
<i>If the student will have intermittent or episodic absences:</i>	
	I understand that HHI will only be provided for excused medical absences related to the specific medical condition set forth in this application. For an absence to be excused, I understand that I must follow the procedures in the school handbook.
	I understand that HHI may not occur on the same day my student is absent unless absences have been planned and scheduled at least three weeks in advance. HHI for unexpected, periodic, or episodic absences will take place within two weeks of the excused absence date.

(Print) Parent/Guardian's Name

Signature

Date

[Part 3 of 3: Home/Hospital Instruction Plan - Completed by Team at Meeting](#)

Student Name:
Date of Birth:
Grade:
School/LEA:
Provider Name:
Provider Title:
Provider Email Address:
Hospital/Practice Name:
Hospital Practice Phone Number:
Parent/Guardian Name:
Parent/Guardian Phone Number:
Parent/Guardian Email:
Location for HHI:

1. **Date of HHI Team Meeting:**
2. **HHI Start Date:**
3. **HHI End/Review Date (maximum of 30 days):**
4. **The student's educational program includes (*select all that apply*):**

- Special Education (IEP)
- Section 504 Plan
- English Learner (EL)
- None of the Above

If the student has an IEP or 504 plan, attach a copy of the plan.

5. Frequency and Duration of Instructional Services

- Continuous - delivered during a scheduled, prolonged absence at ___ hours per week
- Periodic - delivered within two weeks of an excused absence* at ___ hours per excused absence

6. Delivery of Related Services (if applicable):

7. Delivery Method of Services

- In Person at (insert home or hospital address):
- Virtual (requires parent/guardian agreement and consent)

8. Content areas and topics or standards to be covered during instruction:

- | | |
|--|---|
| <input type="checkbox"/> English Language Arts (Reading) | <input type="checkbox"/> English Language Arts (Written Expression) |
| <input type="checkbox"/> Math - specify standard/area: | <input type="checkbox"/> Social Studies - specify topic/area: |
| <input type="checkbox"/> Science - specify topic/area: | <input type="checkbox"/> Other - specify: |

9. School-based Case Manager (staff member responsible for providing work to the instructor and disseminating completed work to teachers for review and grading):

Team Member Names, Roles, & Signatures: