

BOARD PROCEDURE

Descriptive Code: IDDC

HOSPITAL/HOMEBOUND INSTRUCTION

Date: January 12, 2009

DEFINITION

Hospital/Homebound services shall be provided for students who have a medically-diagnosed condition which restricts them to their home or a hospital for a period of ten school days or longer.

A CCSS Referral for HOSPITAL/HOMEBOUND Instruction Services (Attachment A) shall be completed by the diagnosing licensed medical physician. The physician shall project that the student will be absent a minimum of ten school days and is physically able to profit from educational instruction.

Students are not eligible if absence is due to communicable diseases, uncomplicated cases of pregnancy, or if such services are not specified in the individualized educational program (IEP) of a disabled student.

The student is counted present each day if seen three hours per week. Maximum weekly contact shall not exceed five hours. Prior approval must be obtained for instruction beyond three hours.

An adult shall be present in the home during the instructional period.

All special education hospital/homebound students will be processed through the Special Services Department.

RESPONSIBILITIES:

The school principal or principal's designee will direct and supervise the hospital/homebound program to include:

1. Communication with parents;
2. Assisting with obtaining and submitting the required medical documentation to system school nurse;
3. Assigning teachers on a rotating basis across the curriculum as needed;
4. Providing assignments and curriculum materials;
5. Recording school attendance;
6. Receiving and approving the Verification of Hospital/Homebound Instruction Form and the Local Travel Expense Statement.

The school system nurse will:

1. Receive the medical documentation and complete CCSS Referral for Home Instruction Services. Send the Referral for Home Instruction to the Assistant Superintendent of Student Learning for approval.
2. Communicate with principal or principal's designee approval to begin hospital/homebound instruction;
3. Maintain a roster of hospital/homebound students. Updated rosters will be sent monthly to the Assistant Superintendent of Student Learning.

Hospital/homebound teacher will:

1. Provide three hours per week of hospital/homebound instruction and complete the Verification of Hospital/Homebound Instruction Form (Attachment B).
2. Enter time into the automated time-keeping system or provide a copy of the Verification of Hospital/Homebound Instruction Form to the bookkeeper so that he or she can enter time worked into the system (for pay purposes).
3. Attach the Verification of Hospital/Homebound Instruction Form to the Local Travel Expense Statement, have the forms signed by the principal or principal's designee, and send forms to the Office of the Assistant Superintendent of Student Learning.

DOCUMENTATION REQUIRED FOR PROCESSING HOSPITAL/HOMEBOUND:

1. Referral for Hospital/Homebound Instruction Services – completed by the parent, physician, and school nurse and approved by the Assistant Superintendent of Student Learning
2. Verification of Hospital/Homebound Instruction Form— completed by the teacher and signed by teacher, parent, and principal or principal's designee's signature

3. Local Travel Expense Statement – completed and signed by teacher and approved by principal or principal's designee's

All of the completed documentation required for processing hospital/homebound should be forwarded to the Assistant Superintendent of Student Learning at the end of each month after approved/signed by school principal or principal's designee.

COMPENSATION:

The hospital/homebound teacher will be compensated at the state hourly rate. Travel reimbursement between the school and the student's home or hospital will be at the travel rate.

ADOPTED: 08/17/87

REVISED: 10/9/90, 08/1/92, 09/13/94, 08/13/96, 08/07/00, 10/15/01, 6/30/03, 8/12/03, 11/10/03, 6/21/04, 8/15/05, 7/21/06, 9/7/07, 9/10/07, 5/5/2008, 12/16/08

Columbia County Board of Education

COLUMBIA COUNTY SCHOOL SYSTEM
REFERRAL FOR HOSPITAL/HOMEBOUND INSTRUCTION SERVICES

Return to: School Nurse

Phone: _____
Fax: _____

Definition: Hospital/Homebound instruction is a teaching service for children who are physically unable to attend school for 10 days or longer. These children must be enrolled in a Columbia County School and remain on roll while receiving Hospital/Homebound instruction. (For further information, please contact the school principal.)

PUPIL INFORMATION (TO BE COMPLETED BY THE SCHOOL CONTACT PERSON AND SENT TO CHILD'S
DIAGNOSING MEDICAL PHYSICIAN)

Name _____ Date of Birth _____
Last First Middle

Student # _____ Regular Education _____ Special Education _____

Parent/Guardian _____
Last First Middle

Address _____ Telephone _____
Street City Zip

School _____ Grade _____ Telephone _____

School Address _____
Street City Zip

Homeroom Teacher _____ Counselor _____ Last day of student's Attendance _____

Date forms are given to parent/guardian _____ Principal's Signature _____

Parent/Guardian authorized signature: *I authorize the release of any medical information to the Columbia County School System Hospital/Homebound Representative processing this application for hospital/homebound instruction for the child listed above.*

Parent/Guardian Signature Date

MEDICAL CERTIFICATION (TO BE COMPLETED BY THE DIAGNOSING MEDICAL PHYSICIAN AND RETURNED
TO THE SCHOOL NURSE AT ADDRESS LISTED ABOVE)

Diagnosis of illness: _____

Start date for Hospital/Homebound instruction _____

End date for Hospital/Homebound instruction _____

This child is capable of receiving Hospital/Homebound instruction with the following limitation(s): _____

Physician's Signature Date Telephone

Physician's Printed Name Address – Street City Zip

CCSN Recommendation: ___ Approved ___ Not Approved – Reason Not Approved: _____

CCSS APPROVAL: ___ Approved ___ Not Approved

Date Signature, Assistant Superintendent

