

Board of Education Policy 4.0010  
Administrative Procedure

HOSPITAL/HOMEBOUND INSTRUCTION

DEFINITION:

The Hospital/Homebound instruction program provides assistance for students in a hospital, at home, or at an alternate site for three to five hours per week so that the student can maintain his/her grades. The program is not intended to provide sufficient instruction for the student to bring up failing or borderline grades to a passing level. Instruction is provided by a certified teacher on a contractual basis. Teachers who contract do so on a voluntary basis.

Priorities established by the state are: (1) accident victims, (2) surgery, (3) extended illnesses, and (4) pregnancy.

Approval for services must be granted by a school social worker and is based on a physician's recommendation.

STUDENT ELIGIBILITY:

Eligibility for Hospital/Homebound services or Medically Fragile Classification must be determined by the school social worker, who bases the decision on the following state-specified conditions:

1. REQUIRED—Physician's recommendation and based on one or more of the following:
2. Expectation of confinement for treatment and/or convalescence to hospital and/or home for minimum of four weeks for K-8 students and three weeks for those in high school and be physically/mentally able to receive instruction; and/or
3. Disability (and physically/mentally able to receive instruction) making it medically inadvisable to attend school even with the provision of special classes/ transportation; and/or
4. Pregnancy with complications and/or required bed rest (but physically/mentally able to receive instruction); and/or

[Homebound Instruction is provided only for the period of time the student is able to receive instruction and until the physician certifies the mother's readiness to return to the regular classroom. Extended time for arranging child care is not provided through the Hospital/Homebound program.]

5. Expectation of excessive absences in the course of required treatment such as chemotherapy for cancer patients.

SCHOOL RESPONSIBILITY FOR REFERRALS:

It is the responsibility of the school administrator or designee to make both parents and school staff aware of the Hospital/Homebound service. This should be done by providing information in the student/faculty handbooks. All school personnel are responsible for referring any student thought to be in need of services directly to the principal/designee for consideration. The school assistance team should assist in monitoring this process by referring appropriate students.

## PROCEDURE AND REQUIRED FORMS:

Documentation for all referrals is subject to state and federal audit with regard to Section 504. The procedure is as follows:

1. The student's parent/guardian must have the following items completed and returned to the school.
  - 1 ) Either the HB-1 (for Hospital/Homebound consideration only) or the MF-1 (for consideration of Medically Fragile designation) signed by a physician, and
  - 2) A copy of the Parent Contract for Hospital/Homebound Services signed by the parent/guardian.
2. The school must identify a certified teacher to provide the service (regular classroom teacher, teacher from another school, or a new/unemployed/retired teacher) and have that teacher sign a contract (HB-2). Hours of instruction are mutually determined between the teacher and student/family.

A family member must be present when all instruction is provided in the home and must initial (on the Payment for Professional Services form) all times logged for instruction. All forms must be signed before they will be accepted for payment.
3. Send both the HB-1 and teacher contract (HB-2) to the school social worker for approval. Only the school social worker and/or supervisor can approve a student for Hospital/Homebound.
4. Do not begin instruction until direct approval is received from the social worker. Teachers will not be paid for services provided before approval.
5. The teacher should return a copy of the Parent Contract for Hospital/Homebound Services to the parent/guardian.
6. Once the student is ready to return to school, a release form (HB-3) must be completed by the physician and returned to the school. It is important that the school follows up on and files this form when it is returned.

The teacher must indicate on the final time sheet (HB-2a) that instruction has been completed.
7. Some students approved for Hospital/Homebound Instruction may be identified §504 and, therefore, will need (or will have) an individual plan (IAP) or Exceptional Children's Plan (IEP). Follow system guidelines for this. The H/HB teacher must make sure to get a copy of this plan and adapt teaching to it as appropriate.

## ELIGIBILITY FOR EMPLOYMENT AS A HOSPITAL/HOMEBOUND TEACHER:

1. Each must complete an application for employment with references, an interview and

2. criminal background check; and  
Each must be approved by the board.

#### PAYMENT FOR SERVICES:

Payment will be pro-rated on an hourly basis (according to level of certification) and determined by the business office. Payment will be included in the regular salary check for teachers currently employed by this system. The hourly rate of pay is considered to include reimbursement for travel.

All instructors must maintain a time sheet for each student they instruct. (Payment for Professional Services – HB2a) All times logged must be initialed by a parent/guardian.

All signatures must be complete prior to submitting the time sheet for payment. Failure to do this will result in a delay in payment. Completed time sheets must be submitted to your school social worker. All forms must be submitted for payment by the close of the school year unless instruction has been prior approved for continuation into the summer.

#### GUIDELINES FOR INSTRUCTION:

1. If teachers doing Homebound are already on payroll, all instruction must be given outside the normal school day.
2. Refer to the Parent Contract for Hospital/Homebound Services for what the parent/guardian responsibilities are.
3. Most students, by virtue of their illness or injury, are able to receive instruction no more than 1 ½-2 hours at any given time. Sessions should be mutually scheduled with teacher, parent, and student for a maximum of 5 hours per week.

Students determined Medically Fragile must be either Exceptional Children or regular education students who are designated 504. (Keep in mind that students determined Medically Fragile are those formally classified as such on the basis of physician referral and who have illnesses/conditions directly related to a severe or life-threatening physical condition.\*\*\*) Instruction for Medically Fragile students will likely be intermittent due to the ongoing nature of the condition/illness and the ability of the student to at least partially attend school.

4. The Homebound teacher is responsible for coordinating with the regular classroom teacher(s) to receive instructional materials and assignments. (Important: Appropriate accommodations called for in the Section 504 plan or the Exceptional Children's IEP may also be required.) Grading procedures will be determined by consultation between the teachers.
5. Sometimes in order to provide services for certain students, it may be in the best interest of the Homebound teacher or the student to arrange a site other than the home for the instruction (reasons might be for teacher safety and/or embarrassment on the student's part). In these instances the family must provide transportation. Special situations like this should be discussed with the school social worker prior to making final arrangements.

CODING FOR STUDENT ACCOUNTING:\*\*

Once instruction is begun, the student should be counted present and coded "ALHB" for the duration of instruction.

School social workers are responsible for notifying the school registrars when the student accounting code is to be changed to ALHB.

Students who have been approved for Medically Fragile classification should be coded 1H once notified by the school social worker.

\*\*from SCHOOL ATTENDANCE AND STUDENT ACCOUNTING. North Carolina Laws-Regulations-Policies – 1998-99 Updated November 2000.

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHYSICIAN REFERRAL FOR HOSPITAL/HOMEBOUND SERVICES**

The following information is used by Catawba County Schools to determine the need for hospital/homebound services for students who are unable to attend school due to either illness or disability. The program provides for a maximum of 5 hours per week instruction and is intended only to help students maintain passing grades.

Student Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

1. Is the above-named student able to attend school on a full-time basis? ( ) Yes ( ) No  
**If yes, please sign the form at the bottom of the page. Do not complete further questions.**

\*\*\*\*\*

2. Is student able to attend school on a part-time basis? ( ) Yes ( ) No
3. How many hours per day and per week is student able to attend school?  
\_\_\_\_\_  
\_\_\_\_\_
4. What is the nature of the illness or disability?  
\_\_\_\_\_
5. If disability is based on pregnancy, please identify the extenuating circumstances which prevent the student from attending school on a full-time basis?  
\_\_\_\_\_
6. Is the student's condition such that he/she is able to receive tutoring from a visiting teacher while convalescing in the home or hospital? ( ) Yes ( ) No
7. What is the anticipated length of convalescence from this date?  
\_\_\_\_\_

\_\_\_\_\_  
(Please print physician's name and address)

\_\_\_\_\_  
(Physician's signature)

\_\_\_\_\_/\_\_\_\_\_  
(Date) (Telephone)

County Office Use Only:  Approved: _____ Code: _____ As of: _____ Registrar notified: _____
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CATAWBA COUNTY SCHOOLS  
P. O. BOX 1000  
NEWTON, NORTH CAROLINA 28658

**AGREEMENT**

(Teacher should sign one contract per school year.)

The Catawba County Schools is in need of and desires the services of \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
address \_\_\_\_\_  
as described below on the dates and times indicated to provide instruction in the home or hospital  
for students who are unable to attend public school as per established guidelines.

This contractual agreement is on an as-needed basis for the \_\_\_\_\_ school  
year.

The Catawba County School System agrees to pay for the services described above.  
Payment will be pro-rated on an hourly basis determined by the business office according to the  
certification level. Instruction should average no more than 5 hours per week and no less than 3  
hours per week.

I understand it is my responsibility to indicate on the final time sheet (once instruction has  
been terminated by the physician) that Homebound instruction has terminated. This is required  
for state/federal audit purposes.

I also understand that time logged is for instructional purposes only and time sheets are  
to be submitted monthly to my school social worker. No time sheets will be accepted without  
each instructional date initialed by the parent/guardian and the sheet signed by the same.

\_\_\_\_\_  
Contracting Instructor Date

\*\*\*\*\*

The contract obligations and agreements as described above are hereby approved.

\_\_\_\_\_  
Principal Date

\_\_\_\_\_  
School Social Worker Date

**PAYMENT FOR PROFESSIONAL SERVICES**

Hospital Homebound Program  
Catawba County Schools

**HB-2a  
(2001)**

Budget Code: \_\_\_\_\_

\_\_\_\_\_  
Teacher (as on Social Security Card)

\_\_\_\_\_  
Social Security Number

Student \_\_\_\_\_ / \_\_\_\_\_ Ck. if Except \_\_\_\_\_  
Gr. School

Served at \_\_\_\_\_ Home \_\_\_\_\_ Hospital \_\_\_\_\_ Other: \_\_\_\_\_

Submit to Student Services/Central Office - Record of student contact time. Hourly pay includes travel allowance. All requests for payment must be received by the close of each school year.

Date	Start Time	Stop Time	Total Time	Brief Description of Activity	Parent Initial*

(To be completed by payroll)

Total Hours \_\_\_\_\_

Rate \_\_\_\_\_

Tot. Earnings \_\_\_\_\_

Date \_\_\_\_\_

\*All times logged must be initialed by a parent/guardian.

I certify that above time is an accurate statement of total student contact hours only.

\_\_\_\_\_/\_\_\_\_\_  
Hospital/Homebound Teacher Date

\_\_\_\_\_ Check if final time sheet for this student

\_\_\_\_\_/\_\_\_\_\_  
(Required) Parent/Guardian Date



progress. Questions concerning this should be directed to the school social worker.

**Directions to the Parent:** I have read, understand, and agree to the responsibilities described above.

Signature: \_\_\_\_\_ / \_\_\_\_\_  
(Parent/Guardian) (Date)

**HB-3  
(2001)**

**PHYSICIAN CERTIFICATION  
FOR RETURN TO REGULAR CLASSROOM  
CATAWBA COUNTY SCHOOLS  
Hospital/Homebound Program**

School designee should complete the first three lines before sending to the physician:

Student \_\_\_\_\_ DOB \_\_\_\_\_ Gr. \_\_\_\_\_ School \_\_\_\_\_

Doctor \_\_\_\_\_

Address/Clinic \_\_\_\_\_

The student listed above has been receiving tutoring through our Hospital/Homebound Program. Please assist in scheduling this student for return to our regular school program by completing the release form and returning it to the patient for return to the school.

**Check Appropriate Item:**

This student is:

- ( ) medically able to return to the regular school program with no special modifications
- ( ) medically able to return to the regular school program with the following modifications:

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

\_\_\_\_\_  
Physician's Signature / Date

\_\_\_\_\_

**Note to School:**  
**For safety purposes, send a copy of this form to your school social worker and retain the original in your files. The school must have this form signed by the physician before student is permitted to return to school.**

\_\_\_\_\_  
(date)

Dear \_\_\_\_\_:

Re: \_\_\_\_\_  
(student)

Since the school began providing Hospital/Homebound service for your child, we have continued to monitor his/her progress. According to your physician's recommendation, service was approved for a period of \_\_\_\_\_. That period will end on \_\_\_\_\_.

In order for your child to return to school, your physician must determine him/her able to return to the regular classroom. The enclosed form is for this purpose and should be signed by your physician and returned to the school.

In the event your physician recommends continued Homebound service I am required to have a written/signed recommendation from him/her indicating a current diagnosis and the expected time of continued convalescence. If recommendation for continued service is not received by \_\_\_\_\_, your child's absences will be counted against him/her from that date and homebound service will be terminated.

Since Homebound instruction provides very limited assistance for helping a student maintain a level of success, it is important that your child return to his/her regular school schedule as soon as he/she is able.

If you have questions regarding this service or your child's status, please feel free to call me at \_\_\_\_\_.

Sincerely,

School Social Worker

Enclosure

**OPTIONAL - FOR SCHOOL USE ONLY**  
(2001)

**CHECKLIST FOR HOSPITAL/HOMEBOUND SERVICES**

FOR SCHOOL USE ONLY

**STUDENT** \_\_\_\_\_

**DATE COMPLETED**

**PROCEDURE**

\_\_\_\_\_

EXPLAINED SERVICE TO FAMILY AND GAVE THEM COPY OF HB-1, PARENT CONTRACT FOR HOSPITAL/HOMEBOUND SERVICES, AND HB-3

\_\_\_\_\_

HB-1 FORM SIGNED BY PHYSICIAN OR MF-1 COMPLETED WITH PHYSICIAN'S DOCUMENTATION ATTACHED; AND, PARENT CONTRACT SIGNED

\_\_\_\_\_

TEACHER CONTRACT SIGNED AND COPY OF SIGNED PARENT CONTRACT GIVEN TO TEACHER

\_\_\_\_\_

HB-1/MF-1 & CONTRACT SENT TO SOCIAL WORKER

\_\_\_\_\_

SOCIAL WORKER APPROVAL/DENIAL RECEIVED

\_\_\_\_\_

IF APPROVED, INSTRUCTION BEGUN

_____	SCHOOL SOCIAL WORKER NOTIFIED SIMS _____
	OPERATOR TO CHANGE CODE
_____	FORM LETTER SENT TO PARENT(S) NOTIFYING _____
	THEM REGARDING TERMINATION
_____	PHYSICIAN'S RELEASE FORM OBTAINED
_____	INSTRUCTION COMPLETED
_____	STUDENT RETURNED TO REGULAR/MODIFIED _____
	CLASS

**HB-4  
(2001)**

**NOTICE OF DETERMINATION FOR SERVICES**  
(to be placed in Student Cumulative Folder)

This is to notify you that \_\_\_\_\_ has been classified eligible  
for and was receiving services in the following program as of \_\_\_\_\_:  
(date)

- \_\_\_\_\_ Hospital/Homebound
- \_\_\_\_\_ Medically Fragile

Please contact the school if further information is needed.

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

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

( ) counselor, or ( ) social worker



## MEDICALLY FRAGILE CLASSIFICATION

*Students who are medically fragile are frequently absent from school, and their absences are directly related to their severe or life threatening physical condition.*

*A medically fragile student is identified as follows:*

*A student who qualifies for special education in one of the existing categories of disability and for whom a licensed medical doctor has provided documentation that an associated or accompanying chronic illness is so severe as to affect the student's school attendance. A medically fragile student is one whose illness frequently places him/her in life threatening situations. In addition he/she may be technology-dependent for life support systems, i.e. tracheotomy, gastrostomy, etc.*

*Rare instances may exist in which a child does not qualify for special education as defined in the Individuals with Disabilities Education Act (IDEA). However, the child would unquestionably meet the definition of disabled under Section 504 of the Rehabilitation Act of 1973, and thus would be eligible for consideration as a medically fragile student.*

*The absence of medically fragile students should be coded 1H.*

*NOTE: Medically fragile absences are not included by the Department of Public Instruction in the calculation of a school's attendance rate.\*\**

Since school attendance for medically fragile students can frequently be sporadic at best, there will sometimes be a need for students to receive Hospital/Homebound instruction on an intermittent basis. This service should be driven by students' IEP and/or §504 plans. When Hospital/Homebound instruction is written in an IEP/§504 plan, a Hospital/Homebound contract should be done with a teacher so that the instruction can begin on a fairly short notice.

There may be some cases where a student is not identified as exceptional or §504 (i.e. a severe asthmatic or a student whose parent does not want his/her child labeled) and will be served through a CARE Plan written by the school nurse.

Whether served by means of an IEP, §504 plan, or CARE Plan, cases should transition to the next school level for continued service until the appropriate time for reevaluation. CARE Plans should be checked at the beginning of each school year in cooperation with the school nurse.

Forms required to facilitate medically fragile designation and related service:

- *REQUEST FOR MEDICALLY FRAGILE CLASSIFICATION (MF-1)*
- *HB-2 (if H/HB instruction is to be provided on an intermittent basis)*
- *HB-2a – log/time sheet (if H-HB instruction is provided)*
- *Hospitalized – Homebound Areas of Instruction*
- *PARENT CONTRACT FOR HOSPITAL/HOMEBOUND SERVICE*

\*\*SCHOOL ATTENDANCE AND STUDENT ACCOUNTING, North Carolina Laws –Regulations-Policies – 1998-99, Updated November 2000, Page 2:3

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Regular Education  
REQUEST FOR MEDICALLY FRAGILE CLASSIFICATION  
Catawba County Schools**

Definition of a Medically Fragile Student: The student who can be said to have an existing handicapping condition under Section 504 of the Rehabilitation Act of 1973 or who is classified as Exceptional, and from whom a licensed medical doctor has provided documentation that an associated or accompanying chronic illness is so severe as to affect the student's school attendance. The Medically Fragile student is one whose illness frequently places him/her in life-threatening situations. In addition, he/she may be technology-dependent for life support systems, i.e., tracheotomy, gastrostomy, etc.

STUDENT \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

EC CLASSIFICATION \_\_\_\_\_ TEACHER \_\_\_\_\_

CONDITION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Physician's recommendation required - staple to this form)

DOCTOR SUPERVISING CARE \_\_\_\_\_

AVERAGE ABSENTEE RATE \_\_\_\_\_

REQUESTED BY \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ APPROVED (This student should have a §504 plan.)

\_\_\_\_\_ NOT APPROVED (LIST REASON): \_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Note: Medically Fragile absences are not included by the Department of Public Instruction in the calculation of a school's attendance rate (Student Accounting - Page 2:3)