

# APS Homebound Instruction Application

## APPLICATION FOR HOMEBOUND INSTRUCTION

To be completed by the parent/guardian and returned to the school administrator or designee

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

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

Parent(s)/Guardian(s): \_\_\_\_\_

Home and/or Cell Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Student address: \_\_\_\_\_

**Acknowledgement/Release:** I acknowledge this request and agree with the need for homebound services. I further acknowledge that the requested homebound services for students receiving special education services shall be subject to review by the student's IEP team pursuant to the Individuals with Disabilities Education Act.

I will provide an environment conducive to learning, ensure that a responsible adult is in the home for the duration of instruction, or provide transportation to another agreed upon facility. I will keep appointments with the homebound teacher or contact the teacher or homebound coordinator if an appointment must be missed.

I understand APS School Board Policy 25-4.2 provides guidance for homebound instruction.

By my signature, I authorize the release and exchange of medical information between the health care provider, listed separately, or his/her designee, and school division personnel. My signature provides the health care provider(s) with the authorization necessary to disclose protected health information and records regarding said student as it pertains to the condition for which homebound instructional services are being requested. This authorization may be withdrawn at any time in writing.

Please note: This form, along with the additional sections listed below, must be fully completed in order for the student to be considered for homebound services:

- Medical Certification of Need (completed by physician or licensed clinical psychologist), and
- School Information page (completed by school staff).

Return this form, along with the completed and signed Medical Certification of Need, to the administrator at your student's school.

If you have questions about completing this form, please contact the Office of Special Education at 703-228-6051.

\_\_\_\_\_  
**Signature of Parent/Guardian or Adult Student**

\_\_\_\_\_  
**Date**

If it is necessary for homebound instruction to continue beyond nine weeks, an extension or reauthorization must be requested by submitting a new application form, including treatment plan, progress towards treatment goals, and specific plans to transition the student back to the school setting.

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## MEDICAL CERTIFICATION OF NEED

To be completed by the licensed physician or licensed clinical psychologist providing care to the student for the condition for which the services are requested. Attach additional sheets where needed.

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

Nature and extent of illness: \_\_\_\_\_

Medical/physical condition                       Psychiatric/psychological condition

Date of diagnosis of illness and recent examination: \_\_\_\_\_

Is the student confined at home or in a health care facility?       YES                       NO

Is the illness/treatment intermittent in nature (e.g., sickle cell anemia, chemotherapy for childhood cancer)?       YES                       NO

Could this child attend school if accommodations are made by the school?

YES. Please list the accommodations required (attach additional sheet, if necessary):

\_\_\_\_\_

NO. Please explain (attach additional sheet, if necessary):

\_\_\_\_\_

Explain ongoing treatment and/or therapy being provided: \_\_\_\_\_

\_\_\_\_\_

Frequency of treatment: \_\_\_\_\_

Estimated date of return to school: \_\_\_\_\_

\_\_\_\_\_

Signature of Licensed Physician/Clinical Psychologist

Date

Print Physician/Psychologist Name

Telephone Number

Office Address City, State and Zip Code

Homebound instruction shall be made available to students who are **confined** at home or in a health care facility for periods that would prevent normal school attendance (8VAC20-131-180). The term "**confined at home or in a health care facility**" means the student is unable to 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, non-academic 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 (if applicable).

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## SCHOOL INFORMATION

The following documents comprise an application and all three must be completed prior to submission to the Office of Special Education:

- Application for Homebound Instruction, completed by parent/guardian
- Medical Certification of Need, completed by appropriate professional, obtained by parent/guardian (reviewed by school nurse for medical/physical conditions)
- School Information form (this sheet), completed by school-based Homebound Coordinator/school point of contact for this student

Student Name/ID: \_\_\_\_\_

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

Is this student identified with a disability under IDEA or Section 504?

YES. Please indicate the special education or Section 504 case manager: \_\_\_\_\_

NO.

Will any state or local assessments be administered during the time that this student is potentially receiving Homebound Instruction?

YES. Please notify School Testing Coordinator (STC) of this application.

NO.

### **School Nurse/Clinic Aide (for medical conditions):**

Does this student have a Health Alert or Plan of Care that is maintained by the school Clinic?

YES.

NO.

Signatures:

\_\_\_\_\_  
Clinic (for medical/physical conditions)  
Nurse/Aide name and Contact Information

\_\_\_\_\_  
Date

\_\_\_\_\_  
School-based Homebound Coordinator  
Name/Position and Contact Information (phone and e-mail)

\_\_\_\_\_  
Date

To be completed by the Office of Special Education

Date received: \_\_\_\_\_ Date of Decision: \_\_\_\_\_ Supervisor Initials: \_\_\_\_\_

Approved

Request for more information

Denied