



Asheville City Schools

PO Box 7347 • 85 Mountain Street
Asheville, North Carolina 28802

Learn. Discover. Thrive

HOMEBOUND/HOSPITAL PROGRAM SERVICES & PROCEDURES

PROGRAM PARAMETERS

Eligible students are expected to be confined for a minimum of four (4) weeks to a hospital or to the home due to a medical issue. Medical documentation from a Physician should accompany the school's request and parental consent. The primary purpose is to maintain access to a free and appropriate public education and to ensure access to the curriculum.

PROGRAM DESCRIPTION

The Hospital and Homebound Program provide tutorial/instructional services so that the student can return to school with knowledge and skills to maintain his or her previous level of academic performance. All students to the extent that they are unable to attend school may receive the one-on-one services at local hospitals, in their homes, or at an agreed upon public setting.

EXAMPLES OF SITUATIONS THAT ENTITLE STUDENTS TO RECEIVE SERVICES

1. Accident Victims
2. Surgery
3. Extended Illness
4. Pregnancy (normal pregnancy may not reflect the need of homebound services unless there are complicating or extenuating medical conditions. This is also applicable during the postpartum period).
5. Other as determined by medical documentation

OPERATIONAL PROCEDURE

The following steps should be used to support the Hospital or Homebound referral process:

1. A parent or other person makes a request for Hospital or Homebound services.
2. School level personnel provide information and share the Hospital or Homebound forms accordingly.
3. Forms to completed:
 - a. School Request form
 - b. Parent Consent and Request form
 - c. Medical Information form
4. **The three (3) completed forms should be sent to:** Mark Dickerson, Assistant Superintendent of Curriculum. Forms may also be scanned and emailed to mark.dickerson@acsgmail.net.
5. **Upon the student's return to school, the Homebound Return to School form must be completed.** This will allow the school to keep accurate attendance records.

6. Assistant Superintendent of Student Services approves or denies the request; the coordinator works with the school to establish Homebound Instructor to provide service and the start date.
7. Any Homebound Service for students in EC should go through the EC Department.

SERVICES

1. Homebound Instructor should request the school to indicate specific objectives, competencies, and performance indicators to be used during the period of confinement. The Principal of the school should determine and/or resolve any discrepancy concerning the content, courses, credits, and/or curriculum to be provided or counted.
2. Hospital/Homebound instructors should have the same access to texts, resources and instructional materials as any other teacher employed by the same LEA.
3. When objectives, competencies, and performance indicators provided by the sending/home school are used by certificated personnel, grades given and assignments completed should be accepted as appropriate indicators of student achievement.
4. All students served as Hospital/Homebound are to be counted *present* at school. Therefore, no absence code should be used. Until Hospital/Homebound services are actually delivered, the student should be coded as lawfully absent from school.
5. The Administrator over homebound will determine Hospital/Homebound start dates and the homebound teacher will inform appropriate school personnel when service ends.

CLASSROOM TEACHER

1. Keeps students on class roster.
2. Develops plans, instructions, and reasonable amount of work.
Note: Because students on homebound study are not in the classroom, it is not logical to assume that they can handle the exact workload that is given in class. Therefore, care should be provided when making decisions on assignments & credit earned.
3. Grades student work, answers questions, and assists students.
4. Has assignments on day, time, and place designated by principal.

HOMEBOUND INSTRUCTOR

1. Works up to three (3) hours per week with student with no additional time for travel or preparation; mileage reimbursement is allowable.
2. Explains work, answers questions, and assists student.
3. Does not prepare assignments or issue grades.
4. Has access to instructional texts, manuals, and guides.
5. Paid at \$25/hour

PROCEDURES FOR CHILDREN WHO DO NOT QUALIFY

1. Assistant Superintendent of Curriculum and Instruction will inform the Principal and provide a reason why homebound services were denied.
2. Principal or designee will inform the parent of the disposition.
3. Schools should arrange to send work home for students absent less than four weeks.
4. Please note normal pregnancy and postpartum do not reflect a need for homebound service and should require less than four weeks of absence, unless medical complications arise.

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HOMEBOUND & HOSPITAL PROGRAM

SCHOOL REQUEST FORM

(Accompanies the Parent Request & Consent form and the Medical Information form)

_____ School is requesting permission to enroll
(student name) _____ in the

Hospital/Homebound Program. Attached to this request are the required documents:

- POWERSCHOOL / student demographic information
- POWERSCHOOL / parent contact information
- POWERSCHOOL /attendance information
- POWERSCHOOL / course schedule and current teachers of record

The primary reason for the request is due to _____

Counselor's Signature *Date*

Principal's Signature *Date*

RETURN FORMS TO:

Asheville City Schools - P.O Box 7347-Asheville, NC 28804
ATTN: Dr. Mark Dickerson, Assistant Superintendent of Curriculum & Instruction

***** FOR CENTRAL OFFICE *****

Date Received: _____

_____ Request has been approved.

_____ Request has been denied.

_____ Request involves insufficient information to make

Explanation: _____

Hospital / Homebound Administrator's Signature *Date*

Asheville City Schools
HOMEBOUND & HOSPITAL PROGRAM

PARENT REQUEST & CONSENT FORM

(Accompanies the School Request form and the Medical Information form)

Dear Parent(s):

The Asheville City Schools Hospital and Homebound Program provides tutorial-instructional services for students expected to be confined for a minimum of four (4) weeks to a hospital or to the home due to a medical issue. All students, to the extent that they are unable to attend school may receive services at local hospitals, in their homes, or at an agreed upon public setting. A physician must certify the medical issue by completing the Medical Documentation form. The primary purpose of Hospital and Homebound services is to support students who are unable to attend school and to ensure continued access to the curriculum.

If Hospital and Homebound Services are approved, it is required that the parent or another adult be present in the home during instruction. The homebound teacher will also need your cooperation for scheduling since we often serve many students at once. Finally, it is important to provide a quiet area free from distractions. Please understand that services are limited to 3 hours per week. The Asheville City Schools wants to assist your child during this time of need. If you have any questions, you may speak to your child's guidance counselor, the school principal, or call Mark Dickerson at 828-350-6122..

Please check one of the following and sign below to acknowledge your receipt of this information and/or to apply for hospitalized/homebound services:

I agree to the above conditions, give consent, and request that my child, _____ receive the services of the hospitalized/homebound teacher as soon as arrangements can be made.

Signature of Parent or Guardian

Date

Print Name of Parent/Guardian Name: _____

Address: _____

Phone Numbers: _____

If you wish to apply for hospitalized/homebound instruction services, please complete and sign the Parent Consent & Request form in addition to a completed Medical Information form by the child's physician. These forms must accompany the School Request form and should all be sent or delivered to:

Asheville City Schools - P.O Box 7347-Asheville, NC 28804
ATTN: Dr. Mark Dickerson, Assistant Superintendent of Curriculum & Instruction

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MEDICAL INFORMATION FORM

(Accompanies the School Request form and the Parent Request and Consent form)

Student/Patient Name: _____ Date: _____
DOB: ____/____/____ Student Age: ____
Parent or Guardian: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
School: _____

TO BE COMPLETED ONLY BY THE PHYSICIAN:

Diagnosis: _____

Is this child free from communicable disease? Yes / No

Is Hospitalized or Homebound instruction recommended? Yes / No

If so, please explain why this child not attend school:

What limitations should be observed as to physical activity?

Estimate the amount of time that this student will be confined to the home/hospital for the stated medical reason:

To the best of your ability:

Please provide a specific date that confinement will begin: ____/____/____

Please provide a specific date that confinement will end: ____/____/____

Physician's Name Printed

Physician's Signature

Physician's phone number: _____ Address: _____

RETURN FORMS TO:

Asheville City Schools - P.O Box 7347-Asheville, NC 28804
ATTN: Dr. Mark Dickerson, Assistant Superintendent of Curriculum & Instruction

***** FOR CENTRAL OFFICE *****

Date Received: _____

Approved: Yes / No

Hospital / Homebound Administrator's Signature

Date

(Revised 10/4/19)

Asheville City Schools
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Homebound Return to School Form

(student name) _____ has returned to

_____ School on _____ and is no longer participating in
the Hospital/Homebound Program.

Counselor's Signature *Date*

Principal's Signature *Date*

RETURN FORMS TO:

Asheville City Schools - P.O Box 7347-Asheville, NC 28804
ATTN: Dr. Mark Dickerson, Assistant Superintendent of Curriculum & Instruction

***** *FOR CENTRAL OFFICE* *****

Date Received: _____