

HOMEBOUND SERVICES

- Homebound instruction is available to **enrolled NNPS students who have physical and psychiatric medical needs and are confined at home for periods that prevent normal school attendance (longer than 2 weeks)** based upon a fully completed medical certification of need. A medical certification of need for **students with physical medical needs must be fully completed/signed by the treating licensed Physician or Nurse Practitioner and authenticated with their office stamp.** A medical certification of need for **students with psychiatric medical needs must be fully completed/signed by the treating Psychiatrist or Clinical Psychologist and authenticated with their office stamp.** Accommodations for absences less than 2 weeks are developed on an individual basis by the student's school staff. Homebound services are not appropriate to compensate for absences related to family care or illness.
- The school division reviews all requests for completeness of information and appropriateness of the request. Eligibility approval is determined by personnel of the school division on the basis of the student's documented physical or psychiatric medical needs for service.
- Classroom teachers are responsible for grading all completed assignments and assigning a final grade for the course. Homebound is intended to provide instruction in **core academic subjects** and is not automatically inclusive of elective courses or specialty courses (i.e. classes requiring labs, specific facilities or equipment; foreign language courses; AP courses etc.) Course credit must still be earned according to class requirements. **Homebound does not guarantee on-time graduation.**
- Elementary students receive 5 hours/week of instruction. Middle school students receive 8 hours/week and high school students receive 10 hours/week of instruction based on their course load.
- Parents should keep all appointments with the homebound teacher. **Excessively missed appointments may result in suspension of services** for general education students and may relieve the school division from providing make-up services to students with disabilities.
- Students receiving homebound instruction **should return to the school setting immediately after the end of the approved homebound period.** Homebound services are temporary and not intended to replace school attendance. Instruction should take place in the school setting to the fullest extent possible.
- Homebound services are available to **pregnant students prior to delivery** based on a documented medical diagnosis and **after delivery** based on type of delivery (3 weeks for normal delivery and 6 weeks for cesarean delivery).
- If it is necessary for homebound instruction **to be extended beyond nine weeks, a Physician's Plan of Treatment/Transition Plan will be required.** It is the responsibility of the parent/guardian to provide this information to the Homebound Coordinator before the end of the nine week period.
- Failure to secure necessary assessments/tests within the initial approved homebound period is not a valid reason for an extension of homebound services. Adjustment to medication should not hinder the student's return to school. Students can utilize the school nurse and/or school counselor if the student needs assistance.
- Homebound instruction follows the regular academic calendar. Services are not provided during the summer.

To be completed by the Parent/Guardian:

Name of student: _____ DOB: _____

Name of parent/guardian: _____

Home Phone: _____ Work phone: _____

Cell Phone: _____ E-mail address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Previous Homebound Instruction: _____ No _____ Yes, if yes, date(s): _____

Is student currently enrolled? _____ No _____ Yes, if yes, school name: _____

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 at least 2 hours before the scheduled time if an appointment must be missed.

I understand Newport News Public Schools has established policies and procedures for homebound instruction that provide more detail than this certificate of need.

By my signature, I authorize the release and exchange of medical information between the health care provider, listed on the reverse side, 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.

Parent/Guardian Signature: _____ Date: _____

Please note: This form, including parental/guardian permission to contact the treating physician, psychiatrist or psychologist, must be fully completed in order for the student to be considered for homebound services. If you have questions about completing this form, please contact the NNPS Homebound Office at (757) 591-4812.

FAX the completed form to (757) 888-3352

OR mail to:

**Katherine Johnson Adult Learning Center
17346 Warwick Blvd
Newport News, VA 23603**

To be completed by treating Physician, Nurse Practitioner, Psychologist or Psychiatrist

Name of student: _____ D.O.B. _____

Name of school: _____ Grade: _____

Nature and extent of illness: _____

Date of diagnosis of this illness: _____ Date of most recent examination: _____

Is this student confined at home or in a health care facility? ___ Yes ___ No

“Confined” means the student is unable to participate in normal day-to-day activities expected during school attendance

(Choose one)

Intermittent Homebound

Is the illness/treatment intermittent in nature (e.g. sickle cell anemia, chemo for childhood cancer)? ___ Yes ___ No

Intermittent Homebound to cover time missed from school? ___ Yes ___ No

Partial Homebound

Does the illness/treatment affect the stamina or ability to function in a full-day academic setting? ___ Yes ___ No

Partial Homebound to reduce full day school attendance to one or more classes? ___ Yes ___ No

Full Homebound

Could this child attend school if accommodations are made by the school? ___ Yes ___ No

If yes, please list the accommodations required. If no, please explain _____

Estimated date of return to school: ___ 3 weeks ___ 4-8 weeks ___ Other (please explain) _____

Explain ongoing treatment and/or therapy being provided: _____

Frequency of treatment: _____

Has this child applied for Homebound services in the past? ___ Yes ___ No

If yes, dates: _____

Signature of Licensed Physician/Clinical Psychologist/Nurse Practitioner/Psychiatrist

_____ Date

_____ Print Name of Licensed Physician/Psychologist/Nurse Practitioner/Psychiatrist

_____ Telephone number/Fax

Office Address

City, State and Zip Code

Please provide contact number and hours of operation: _____

Return to:

NNPS Homebound Office
17346 Warwick Blvd., Newport News, VA 23603
Phone: (757) 591-4812 Fax: (757) 888-3352

State Definition:

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 of the Individualized Education Program (if applicable).

- If a student has an IEP, the medical request for homebound services must be approved by the Homebound Office prior to the IEP being written for change of placement.
- Students may receive instruction in the home or any other approved facility as agreed upon by the school division and the parent or student who has reached the age of majority (eligible student).

If it is necessary for homebound instruction to continue beyond nine weeks, an extension of services must be requested via a Physician’s Plan of Treatment/Transition Plan form that is fully completed and signed by treating healthcare provider. Forms are located at the Homebound Office, located at 17346 Warwick Blvd, Newport News, VA, 23603.

For office use only:

Approved: _____ Date: _____ Duration: _____

Review date: _____ Completed by: _____

Denied: _____ Date: _____ Reason: _____

Notes: _____

