



Application for Homebound Instruction

Student Name	
DOB	
School/Grade	
Parent Name	
Home Phone	
Work Phone	
Address	

Statement from Physician **MUST READ BEFORE SIGNING**

Homebound services is an educational support service when according to a student's physician they are unable to attend class in their assigned school for a specified period of time. This opportunity is intended to support the regular curriculum until the student is stable enough to return to a school. The following information on this application is needed to process this request including a plan for return to school. The health care provider will work in conjunction with the family, assigned nurse and school officials to determine when the student can return to the building including, authorizing a return on an abbreviated or full day schedule.

Diagnosis/Condition	
How long will the student need Homebound Services?	
Estimated follow-up date with Provider?	
Suggestions for supporting this student?	
Provider's name (signature)	
Provider's telephone number	
Provider's address	
Date:	



Parent Request/Release

I hereby request and agree to Homebound Instruction for my child for reasons stated by the physician or staffing team. I understand that this is a temporary measure only, that does not replace or duplicate school-based instruction, and that it provides support services and not a full-time teacher. I hereby knowingly, intelligently, and voluntarily waive and release the District, its directors, employees, agents, and assigned, including the assigned homebound teacher from any and all liabilities and damages while providing the Homebound Instruction. I can be contacted between 8:00 a.m. and 5:00 p.m. at Further, I authorize the above named physician to release all information regarding my child's condition to St. Vrain Valley School District Nurses and others with a need to know upon request.

Parent Signature	
Date	

Note: For students with behavioral disabilities, appropriate documentation must be attached and reviewed by the IEP team at least monthly.

Student Services Department

Indicate approved or rejected	
Authorized number of hrs per week	
Number of sessions per week	
Authorized by (Assistant Superintendent, signature):	
Date	
Medical Illness (check if applies)	
Special Education (check if applies)	
Expulsion (check if applies)	
General Education (check if applies)	
Other (specify)	
Assigned Nurse	
Homebound Teacher Assigned	



Homebound Teacher telephone #	
Date assigned	

Agreements:

School agrees to: (Please Initial each responsibility)

- ☐ Provide homebound teacher with all applicable and pertinent information regarding the student.
- ☐ Correctly code student for homebound services.
- ☐ Provide access to all needed assignments, materials, answer keys etc.
- ☐ Communicate necessary information and provide clarification on assignments when needed to homebound teacher.
- ☐ Review, correct, and assign a grade to all assignments.
- ☐ Determine subject areas to be addressed, to include accommodations, if necessary.
- ☐ Homebound is not able to support elective classes.

School Official Signature	
Date	

Student agrees to: (Please initial each agreement)

- ☐ Regular attendance and arrive on time.
- ☐ Demonstrate respectful and compliant behaviors.
- ☐ Bring materials and assignments to tutoring session.
- ☐ Complete assignments outside of scheduled sessions.

Student Signature	
Date	

Parent/Guardian agrees to: (Please initial each role)

- ☐ Be present while homebound services are in session, if unable to be present then parent needs to make arrangements for a responsible adult to be present.
- ☐ On occasion, homebound education must take place at a location other than the home. Arrangements would be made with the parent/guardian to take the student to a site to meet the teacher.
- ☐ Inform homebound teacher of any significant changes in mood, anxiety, behavior etc.
- ☐ Be responsible for obtaining a new physician/provider statement if it exceeds original note.

Parent Signature	
Date	



Cancellation Policy: (Please initial each policy)

If either the student or tutor must cancel the session, the other party will be notified 24 hours prior to the cancellation.

_____ The tutor will wait 15 minutes past the start time of the session. If the student has not arrived the session will be canceled for the day.

_____ If the student does not attend two of the sessions, consecutive or nonconsecutive, after the 2nd no show the sessions will be suspended until the parent provides written documentation from doctor/provider and contacts the Executive Director of Student Services to arrange for a meeting to begin the services again.

Additional comments	
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Homebound Service Process

- Parent completes the Homebound Application with original signatures and submits to dabney_tracy@svvsd.org with Student Assistance Services Department.
- The Student Assistance Services Department processes the request.
- Student Assistance Services collaborates with the assigned nurse, principal of the school in question, and SPED Coordinator (if applicable) to determine if Homebound Instruction is an appropriate intervention.
- Student Assistance Services will communicate to the parent whether the application/request has been approved or rejected.
- IF approved, then Student Assistance Services will communicate the name and contact information of the Homebound Teacher.
- The school will place a record of the application in the student's cum file and the record will be scanned into a Student Assistance Services database.