

**UNIONVILLE-CHADDS FORD SCHOOL DISTRICT
APPLICATION FOR HOMEBOUND INSTRUCTION
PARENT'S STATEMENT**

Unionville-Chadds Ford School District believes that students must attend school if they are physically and psychologically able to do so in order to maximize their educational, social, developmental, and extra-curricular opportunities.

Authorization for release of health information:

I request that my child be provided homebound instruction services. I authorize appropriate school personnel to contact my child's physician/psychiatrist/psychologist listed on this form for information related to this request at any time during the period that services are required. I understand the District's right to gather sufficient information to support this request.

This information will be maintained in accordance with the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA)

Signature of parent/guardian _____ Date _____

Name of parent/guardian (printed) _____

Date that recommendation from licensed medical provider is submitted to UCFSD _____

Homebound instruction is designed to fulfill the educational requirements of students who are unable to attend school in a regular classroom setting because of a temporary illness or disability. Students who require homebound instruction due to emotional conditions must be diagnosed by a licensed psychologist or psychiatrist. A mental health diagnosis will not be accepted from a primary care physician or general practitioner. This instruction cannot duplicate the classroom experience. Media presentations, cooperative learning activities, lab work, and lectures cannot be replicated in the home. Homebound instruction may not be an option for certain specialized courses such as advanced placement courses, technology, fine arts, or other elective courses.

The Pennsylvania Department of Education requires that homebound instruction is not to exceed three (3) months. **If your child's condition should require homebound instruction for more than three (3) months, you will have to submit a new referral from the licensed medical practitioner before the initial application expires. If you are requesting an extension due to a continuing psychological/emotional condition, your request will be referred to the Director of Special Education who will begin a district evaluation process.** If a new referral is not submitted promptly, your child's homebound instruction will be suspended and your child will be marked absent.

In order for a student to receive homebound service, he/she must be medically/psychologically unable to attend school for a minimum of ten (10) consecutive days. The information that you provide will be reviewed by the principal and the supervisor of homebound instruction for the School District to determine the extent of homebound services that will be approved.

Student _____ Date of Birth _____ Grade _____ School _____

Parent/Guardian _____ Date of Application _____

Street Address _____ City _____ State/Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent e-mail _____ Student e-mail _____

Reason for request (circle one): MEDICAL PSYCHOLOGICAL

Name of physician (medical request) or licensed psychologist (psychological request) _____

Phone Number _____ FAX Number _____

Dates that student will be confined in a hospital/at home From _____ To _____

Does the student have an IEP? YES NO Does the student have a 504 plan? YES NO

The appropriate recommendation form from the physician, psychiatrist, or licensed psychologist must accompany this request.

It is the mission of the Unionville-Chadds Ford School District to create a caring environment that gives all students the opportunity to achieve their fullest personal and academic potential in order to become productive and responsible citizens.

The success of homebound instruction and the progress that your child makes depends upon cooperative planning involving your child, the homebound teacher, and the parent/guardian. Once the application for homebound instruction is approved, the parent/guardian must adhere to the following agreements:

- Provide adequate facilities for teaching including but not limited to a quiet room with table, chairs, and appropriate supplies
- Ensure that the home environment is conducive to learning and free of any illegal or illicit behavior
- Make certain that the student is appropriately dressed and ready for instruction when homebound instructor arrives
- Agree on an alternate location in a public place such as the local library if homebound instruction cannot occur in the home, and transport the student to this location
- Be present in the home or alternate location during the entire homebound session or have a responsible adult present
- Advise the homebound instructor and the appropriate school personnel of any changes in the student’s status that would necessitate modification or termination of homebound services
- Notify the homebound instructor prior to the scheduled session if the student cannot keep the appointment. (Three missed appointments will result in the termination of services)
- Notify the appropriate school personnel if the homebound instructor misses, cancels, or consistently arrives late for sessions
- Insure that the student completes all assignments in a timely fashion
- Arrange for high school age students to take final exams at designated time in the high school
- Sign time sheets from the homebound instructor
- Recognize that a student is marked absent when a scheduled homebound session is missed without a legitimate reason, and that state’s compulsory attendance laws fully apply to homebound students
- Understand that homebound students may not participate in school activities unless the student is on a partial homebound schedule and has the approval of the recommending physician, psychologist, or psychiatrist
- Obtain and submit required information to request an extension of homebound instruction at least two weeks prior to the scheduled termination date
- Schedule doctor’s appointments, therapy sessions, or other commitments at a time that does not conflict with scheduled instruction
- Assure that the student complies with the treatment recommendations of the physician, psychologist, or psychiatrist – failure to comply with these recommendations may result in termination of homebound services

I understand that homebound instruction is intended to provide short-term tutoring (5 hours per week for a maximum of three months) and cannot replace or duplicate school-based instruction. Furthermore, I am aware that homebound instruction applies to coursework from the date that homebound is approved and that it is not retroactive. I understand that I may call school personnel and that school personnel may contact me to gather or share additional information related to this request for homebound instruction. I acknowledge that homebound instruction may be terminated if:

- The instructor’s presence in the place of student’s confinement presents a hazard to the health and well being of the instructor
- The condition of the student precludes any benefit from instruction
- The student misses three scheduled sessions without a legitimate excuse
- The student and/or parent/guardian is uncooperative
- The student fails to comply with prescribed treatment

Name of parent/guardian (printed) _____

Signature of parent/guardian _____ Date _____