**PIKE COUNTY SCHOOL DISTRICT**

**PUPIL SERVICES**

HOSPITAL/HOMEBOUND

INSTRUCTION GUIDELINES



**SCHOOL COORDINATORS**

Eve Booker – Primary School

Patti Hester – Elementary School

Carrie Dawson – Middle School

Craig McLendon – Ninth Grade Academy

Mandy Osbolt – High School

**SCHOOL COUNSELORS**

Cassie Pierce – Primary School

Patti Hester – Elementary School

Marci Daniel & Tim Zellner – Middle School

Tante Colquitt – Ninth Grade Academy

Holly Cantrell & Liz Fordham – High School

**DEPARTMENT: SPECIAL EDUCTION & HH/B COORDINATORS**

Dr. Jenney Allison – Director of Teaching / Learning & 504 Students  
 Jessica Thomka – Special Education Coordinator  
  
 **HOSPITAL HOMEBOUND COORDINATOR**

Ross Iddings – Coordinator

1. **GENERAL INFORMATION**

**A. Definition**

Hospital/Homebound refers to those instructional services made available to students who are able to participate in educational instruction but who are medically unable to attend school for a minimum of ten consecutive days or intermittent periods of time throughout the school year.

**B. Eligibility**

To be enrolled in the Hospital-Homebound Instruction Program, a student must:

**1.** Be enrolled in the Pike County Public School;

**2.** Intend to return to school when released to do so;

**3.** Receive certification from a Georgia Board Certified licensed physician that the student will be   
 medically unable to attend school for a minimum of ten (10) consecutive school days;  
**4.** Not be absent due to a communicable disease, expulsion, suspension, or uncomplicated cases of   
 pregnancy;

**5.** Not be employed in any capacity or regularly participating in extracurricular activities

**C. Application for Service:**

**1.** The parent should contact the program coordinator/counselors to discuss Hospital-Homebound services and to obtain the Application for Hospital-Homebound Instructions. After the school completes Section I, the parent / guardian(s) should take the application to the physician for completion of Section 2. Once section 2 is completed and returned to the school, the program coordinator/counselor will schedule a meeting with the parent / guardian(s) and HHB Committee which includes a school counselor, school coordinator, principal / designee and pupil services director to determine eligibility and services. The meeting must be held within ten (10) school days upon receiving section 2.

**2.** The school counselor, school coordinator and the student’s assigned instructor will work with the family to determine appropriate course load. SEMS tracker will be used by school counselor/coordinator for follow-up conferences and documentation purposes. Signed medical release information and the student’s treatment plan must be completed by the parent and the referring physician for all illnesses that exceed six (6) weeks in duration. School re-entry plan and immediate initiation of the Tier 2 or 3 / Student Support Team process will be developed as well.

**D. Attendance Credit:**

The student is counted present for the entire week when s/he is seen on an individual basis by the hospital-homebound teacher three hours per week. A student is counted absent for the week when the instructor’s visit with the student is cancelled. The FTE of a Hospital-Homebound student is treated the same as any other student on roll. The homebound teacher also keeps a class roll and a daily record of home visits.

**E. Scheduling:**

Upon receipt of the approved application, the instructor will promptly notify the parents and the school of the time when the work can begin. The time for appointments will be arranged by the instructor in cooperation   
with the family. A responsible adult (21 year of age or older) is required in the home during the instruction. If the family is unwilling or unable to work within the constraints of Hospital-Homebound scheduling, the opportunity for services may be rescinded.

**F. Assignments:**

When a student is approved for Hospital-Homebound instruction, the classroom teachers are required to send assignments and test in a timely manner to the Hospital/Homebound instructor. All state mandated tests such as End of Course Test (EOCT), or Georgia High School Graduation Test, (GHSGT), must be administered unless the student is taking an alternate assessment. The decision to administer final exams is made by the local school with input from an administrator, classroom teacher, andcounselor.

**G. Academic Credit:**

Full credit will be given for work completed under the Hospital-Homebound program.

**H. Sources of Textbooks:**The Hospital-Homebound student will use textbooks issued by the classroom teacher. It is the family’s responsibility to   
 obtain all the student’s books from the school to be available for hospital-homebound instruction

**I. Report Cards:**The Hospital-Homebound student’s report card is issued at the end of each Grading period. It is the responsibility of the classroom teacher to prepare and issue the report card. Grades are based on the performance of the  
student as reflected in her/his work and tests. The report card may be mailed to the student’s parents.

**J. Termination of Services:**

**A student is released from the Hospital-Homebound Program when the following occurs:**

**1.** As of the projected return date listed on the Application for Hospital-Homebound Instruction in Section 2,   
 Medical Referral;

**2.** When the student is employed in any capacity or regularly participating in extracurricular activities;

**3.** As of the last day of school of the regular school year;

**4.** Sign release from his/her doctor or able to return to school for any portion of the school day other than to participate in   
 state-mandated standardized testing.

**5.** Under any investigation that is proven that the student is working, participating in any extra-curricular activities, present   
 on campus at any time that is not authorized by the principal or any other false pretense that is discovered by school

officials

**K. Contacts**

List of Schools: Addresses and Phone Numbers

Pike Primary School ……7218 US Hwy. 19 P.O. Box 329 Zebulon, Ga. 30295 / Phone # 770-567-8443

Pike Elementary School ...607 Pirate Drive P.O. Box 407 Zebulon, Ga. 30295 / Phone # 770-567-4444

Pike Middle School …….406 Hughley Road P.O. Box Zebulon, Ga. 30295 / Phone # 770-567-3353

Pike High School ……….331 Pirate Drive P.O. Box 819 Zebulon, Ga. 30295 / Phone # 770-567-8770

Ninth Grade Academy ….7360 Hwy 19S Zebulon, Ga. 30295 / Phone # 770-567-2960  
Jessica Thomka …….. Special Education Coordinator 16 Jackson St. Zebulon, Ga. 30295 / Phone # 770-567-8489

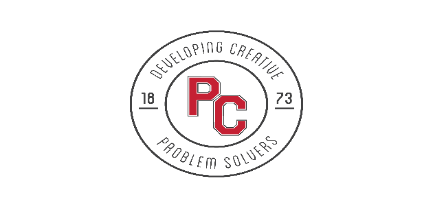
Ross Iddings…. ……... Coordinator 16 Jackson St. Zebulon, Ga. 30295 / Phone # 770-567-8489

For Georgia Board of Education Rules Governing Hospital-Homebound Instruction

Regular Education Go to [www.doe.k12.ga.us](http://www.doe.k12.ga.us), 160-4-2-, 31 HOSPITAL-HOMEBOUND INSTRUCTION, Code IDDC

For Georgia Board of Education Rule Governing Hospital/Homebound Instruction Special Education

Go to [www.doe.k12.ga.us](http://www.doe.k12.ga.us), 160-4-7-.07 LEAST RESTRICTIVE ENVIROMENT Code IDDF (10)



**Pike County Public Schools**

**L. Application:**

ATTENTION: ROSS IDDINGS,

Pupil Services Director: Ph. 770-567-8489

16 Jackson St. Fax: 770-567-8349 ZEBULON, GEORGIA 30295

### REFERRAL FOR HOSPITAL/HOMEBOUND INSTRUCTION CODE: IDDC

### I. PUPIL INFORMATION (to be completed by parent/guardian. All boxes must be checked)

Student ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last date of Pupil’s Attendance: \_\_\_\_\_\_\_\_\_\_ Regular Education \_\_\_\_\_\_ Special Education \_\_\_\_\_\_\_\_\_\_\_

Date Forms Given to Parents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Principal or Designee – Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### II. PARENTAL PERMISSION

* I request Hospital/Homebound Instruction for the above named student.
* I have read and understand the eligibility criteria for H/H Instruction.
* I authorize the physician listed below to release medical information to H/H Personnel.
* I understand that an adult, 18 years or older, must be in the home when the H/H teacher is present.

###### Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. MEDICAL CERTIFICATION**

(To be completed by a current medical attending physician and returned).

Diagnosis of physical illness/injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**If Pregnancy – Delivery Date: \_\_\_\_\_\_\_\_\_\_\_ Complication of Pregnancy \_\_\_\_\_\_\_ (yes) \_\_\_\_\_\_\_ (no**)

How long is it estimated (in weeks) that the student may require homebound Instruction? \_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Approximate date student may be ready for instruction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date to return to school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If the diagnosis is pregnancy the student **will not** be approved for services until after delivery, unless there are complications. Students, who will be absent due to psychiatric/emotional disorder, as defined by the latest edition of the Diagnostic and Statistical Manual (DSM), may be eligible for Hospital-Homebound instruction. They will be referred to the Student Support Team for assistance. Students diagnosed with a contagious disease will not be served while contagious. Students are not allowed to be employed in any capacity or regularly participating in extracurricular activities.

Please check the following appropriate boxes.

o I have read and understand the eligibility criteria for Hospital-Homebound Instruction.

o I certify this student is unable to attend school for minimum 10 consecutive days due to illness/injury   
 and/or chronic health conditions receiving intermittent HHB services that anticipate at least three   
 consecutive school days for each occurrence.

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_

IV. **COORDINATOR’S EVALUATION:** Approved \_\_\_\_\_\_\_\_\_\_ // Not Approved \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(DIRECTOR’S SIGNATURE or PROGRAM FOR EXCEPTIONAL CHILDREN)**

Graphical user interface, logo, arrow

Description automatically generated

**M. Reimbursement Forms**

**FORM A**

**PIKE COUNTY PUBLIC SCHOOLS**

HOSPITAL HOMEBOUND SERVICES

**Student’s Information:**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /Approved for Hospital/Homebound: \_\_\_\_\_\_\_\_\_\_

Student’s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School’s Information:**

School: High School □ Middle □ Elementary □ Primary □

Instructor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Schedule: **1.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **2.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**4.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**6.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructional Time/Services**

Name of Adult present during instruction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check One:** Parent(s) □ / Guardian □ / Other □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Hours of Services:** Hrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature / Teacher-Instructor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature / Administrator Signature / Program’s Coordinator or Special Education Coordinator

**Form B**

**Hospital Homebound**

Verification of Services

**Instructors’ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Please

**Students’ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Please

**Scheduled Dates and Times of Services**

**DATE TIME PARENT’S INITIALS**

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**Guidelines:**

● All travel reimbursement must be submitted on travel reimbursement form.

● No travel reimbursement is granted out-side the county without approval

from the program director and finance director.

● Total minimum hours required by the state is three (3) hours. Note: Additional hours may be requested   
 by the   
 instructor and granted by the Program Director or Special Education Coordinator.

● Adult must always be present in the home while service is being offered.

● Parent/Guardian must initial each visit of services before instructor exit.

● Expiring/If a student’s deadline for returning to his/her school and the instructor/parents   
 feel that the student needs more time out of school; the parents must request an extension with   
 the doctor and approved by the school administrator and program director.

● Form A and B must be turned in by the **15th** of each month for reimbursement.

**N. Travel Forms:** **Travel Forms available @: pike.k12.us.ga**

**NOTE: Any reimbursements received after June 30th of the current fiscal year will not be honored**