

PIKE COUNTY SCHOOL DISTRICT PUPIL SERVICES

HOSPITAL/HOMEBOUND INSTRUCTION GUIDELINES



SCHOOL COORDINATORS

Mandy Cloy – Primary School
Patti Hester – Elementary School
Melissa Bedford – Middle School
Craig McLendon – Ninth Grade Academy
Mandy Osbolt – High School

SCHOOL COUNSELORS

Cassie Pierce – Primary School
Patti Hester – Elementary School
Marci Daniel & Kim Coursey – Middle School
Tante Colquitt – Ninth Grade Academy
Holly Cantrell & Liz Fordham – High School

HOSPITAL HOMEBOUND, SPECIAL EDUCATION, & SECTION 504 COORDINATORS

Carrie Dawson – Hospital Homebound & Section 504 Coordinator
Jessica Thomka – Special Education Coordinator

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 a school in the Pike County School System;
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 or intermittent school days;
4. Not be absent due to a communicable disease, expulsion, or suspension.
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 Instruction. After the school completes Section I, the parent(s) / 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(s) / guardian(s) and HHB Committee which includes a school counselor, school coordinator, principal / designee and student 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. 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 / MTSS 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 years 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 tests in a timely manner to the Hospital/Homebound instructor. All state mandated tests such as Georgia Milestones End of Course or End of Grade Assessments 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, and counselor.

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. Signed 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

Pike County Primary School	7218 US Hwy. 19, Zebulon, GA 30295	770-567-8443
Pike County Elementary School	607 Pirate Drive, Zebulon, GA 30295	770-567-4444
Pike County Middle School	406 Hughley Road, Zebulon, GA 30295	770-567-3353
Pike County Ninth Grade Academy	7360 Hwy 19 South, Zebulon, GA 30295	770-567-2960
Pike County High School	331 Pirate Drive, Zebulon, GA 30295	770-567-8770
Jessica Thomka, Special Education Coordinator	7454 Hwy 19 South, Zebulon, GA 30295	770-567-8489
Carrie Dawson, Hospital Homebound Coordinator	7454 Hwy 19 South, Zebulon, GA 30295	770-567-8489

For Georgia Board of Education Rules Governing Hospital/Homebound Instruction Regular Education, visit 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, visit www.doe.k12.ga.us, 160-4-7-.07 LEAST RESTRICTIVE ENVIRONMENT Code IDDF (10)



Pike County Public Schools

L. Application:

ATTENTION: CARRIE DAWSON, Hospital Homebound Coordinator
7454 Hwy 19 South, Zebulon, Georgia 30295
Ph. 770-567-8489
Fax: 770-567-8349

REFERRAL FOR HOSPITAL/HOMEBOUND INSTRUCTION CODE: IDDC

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

Student's Name: _____ DOB: _____

School: _____ Grade: _____ Student ID# _____

Parent/Guardian Name(s): _____

Address: _____

Phone # _____ Homeroom Teacher: _____

Last Date of Pupil's Attendance: _____ Date Forms Given to Parents: _____

Regular Education Special Education Section 504

Signature of Principal or Designee: _____

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.

Parent's Signature: _____ Date: _____

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:

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

Phone # _____ Date: _____

Physician's Signature: _____

IV. COORDINATOR'S EVALUATION: Approved Not Approved

Signature of Hospital Homebound Coordinator or Director of Special Education _____ Date _____



Reimbursement Forms

FORM A

**PIKE COUNTY PUBLIC SCHOOLS
HOSPITAL HOMEBOUND SERVICES**

Student's Information:

Date: _____ Date Approved for Hospital Homebound: _____

Student's Name: _____ Phone Number: _____

Address: _____

School's Information:

School: Primary Elementary Middle NGA High

Instructor's Name: _____

Class Schedule:

1.	4.
2.	5.
3.	6.

Instructional Time/Services

Name of Adult Present During Instruction: _____

Check One: Parent(s) / Guardian / Other _____

Total Hours of Services: _____

Teacher/ Instructor Signature _____

Signature of Administrator, Program Coordinator or Director of Special Education _____

**Hospital Homebound
Verification of Services**

Instructors' Name: _____
Print Please

Students' Name: _____
Print Please

Scheduled Dates and Times of Services

DATE	TIME	PARENT'S INITIALS

Guidelines:

- All travel reimbursement must be submitted on Pike County's travel reimbursement form.
- No travel reimbursement is granted out of the county without approval from the program director and the finance director.
- Total minimum instructional 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 Director.
- An adult must always be present in the home while HHB service is being offered.
- A parent/guardian or designated adult must initial each visit of services before the instructor exits.
- Upon a student's deadline for returning to his/her school, if the instructor/parents feel as if the student needs more time out of school, the parents must request an extension with the doctor and receive approval from the school administrator and the program director.
- Form A and B must be turned in by the **15th** of each month for reimbursement.

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

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