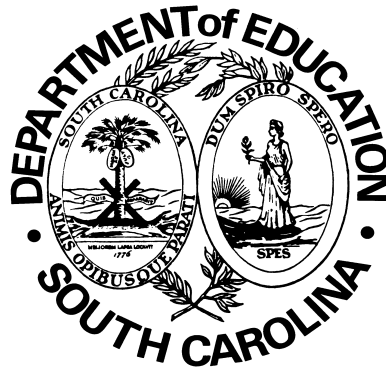


Medical Homebound Instruction

A Guide for Parents and School Districts



**Office of Exceptional Children
South Carolina Department of Education**

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**Mick Zais
State Superintendent of Education**

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Statutory Basis for Medical Homebound Instruction

South Carolina Law

South Carolina's mandates regarding medical homebound instruction appear in State Board of Education Regulation 43-241.

Regulation 43-241 says that students who cannot attend public school because of illness, accident, or pregnancy, even with the aid of transportation, are eligible for medical homebound or hospitalized instruction. A physician must certify that the student is unable to attend school but may profit from instruction given in the home or hospital. Any student participating in a program of medical homebound instruction or hospitalized instruction must be approved by the district superintendent or his or her designee on standardized forms provided by the South Carolina Department of Education. All approved forms must be maintained by the district for documentation.

Federal Law

There is, in addition, a statutory basis for medical homebound instruction in federal law. It concerns the student who attends regular school but who qualifies as disabled under the Individuals with Disabilities Education Act (IDEA) of 1997 or Section 504.

Section 504 is a broad civil rights law that protects the rights of individuals with disabilities in programs and activities that receive financial support from the U.S. Department of Education. Section 504 mandates that a team of knowledgeable participants develop an individual accommodation plan for a student who qualifies under its provisions. Elements of an individual accommodation plan may include the provision for medical homebound instruction.

The IDEA is a federal funding statute whose purpose is to provide financial aid to states in their efforts to ensure appropriate education services for students with disabilities. The IDEA provides protections for students with disabilities who need medical homebound instruction.

The IDEA and Section 504 mandate that states provide a free appropriate public education (FAPE) for all children with disabilities. The IDEA defines a FAPE as the special education and related services that are provided at public expense and are provided in conformity with an individualized education program (IEP).

School districts should not and are not required to automatically approve every request for medical homebound. The superintendent of the school district, or his or her designee, must approve any medical homebound instruction request on an individual basis. The district must determine if a student can be accommodated or the program modified so that the student can continue to attend school, even if for a reduced period of time or an abbreviated school day.

34 C.F.R. § 300.17 Free appropriate public education.

Free appropriate public education or FAPE means special education and related services that—

- (a) Are provided at public expense, under public supervision and direction, and without charge;
- (b) Meet standards of the SEA, including the requirements of this part;
- (c) Include an appropriate preschool, elementary school, or secondary school education in the State involved; and
- (d) Are provided in conformity with the individualized education program (IEP) that meets the requirements of Secs. 300.320–300.324.

Federal law mandates that removal of a child with a disability from the regular educational environment should occur only if the child’s disability is so severe that he or she cannot be educated in regular classes with the use of supplementary aids and services.

Least Restrictive Environment

34 C.F.R. § 300.114

(a) General(1) Except as provided in § 300.324(d)(2) (regarding children with disabilities in adult prisons), the State must have in effect policies and procedures to ensure that public agencies in the State meet the LRE requirements of this section and §§ 300.115 through 300.120.

(2) Each public agency must ensure that—

- (i) To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are nondisabled; and
- (ii) Special classes, separate schooling or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Under the IDEA mandate, the individual school districts also have the responsibility to provide extended school year (ESY) services, including instruction in the home and/or a hospital, to students with disabilities whose IEP teams determine to have the need for such services. Compensatory services may be required when a district has failed to provide the services stipulated in the IEP and the student suffers a loss of educational opportunity or benefit.

34 C.F.R. § 300.106 **Extended school year services.**

(a) General.

(1) Each public agency must ensure that extended school year services are available as necessary to provide FAPE, consistent with paragraph (a)(2) of this section.

(2) Extended school year services must be provided only if a child's IEP team determines, on an individual basis, in accordance with §§ 300.320–300.324, that the services are necessary for the provision of FAPE to the child.

(3) In implementing the requirements of this section, a public agency may not—

(i) Limit extended school year services to particular categories of disability; or

(ii) Unilaterally limit the type, amount, or duration of those services.

(b) Definition. As used in this section, the term extended school year services means special education and related services that—

(1) Are provided to a child with a disability—

(i) Beyond the normal school year of the public agency;

(ii) In accordance with the child's IEP; and

(iii) At no cost to the parents of the child; and

(2) Meet the standards of the SEA.

If the medical homebound placement will result in a change of placement, the IEP team must meet and make an individualized determination regarding the special education and related services needed to provide the student a FAPE. The IEP team must ensure the student is provided an opportunity to access and progress in the general curriculum, appropriately advance toward the goals in his or her IEP, and earn units toward graduation with a regular state issued high school diploma if applicable. At times, the medical condition and health of the student may dictate service considerations.

School District Mandates

School districts that fail to fulfill their responsibilities with regard to the delivery of medical homebound instruction are subject to the forfeiture of federal and/or state aid.

Specifically the school district must do the following:

- make individualized decisions about the appropriate amount of instruction time for medically homebound students;
- provide medical homebound instruction and any other required services in a timely manner;
- consider whether the student seeking medical homebound instruction qualifies under Section 504 or is eligible for entry into programs for children with disabilities because of his or her accident or illness; and
- provide medically homebound students with opportunities for continued participation in the general curriculum, extracurricular activities, and nonacademic activities.

Key Questions and Answers

A. Obtaining Medical Homebound Instruction Services

1. What is the difference between a special education home-based placement and medical homebound instruction?

Medical homebound instruction is provided for both nondisabled and disabled students who cannot attend school for a medical reason—a mental or physical condition that exists due to an accident, an illness, or pregnancy—even when transportation is furnished. A licensed physician must certify that such a medical condition exists and must complete the medical homebound application that the local school district provides. The intent of medical homebound instruction is to keep such a student connected to his or her regular curriculum until the time when his or her return to the classroom setting is possible.

On the other hand, a special education home-based placement is provided *only* to the student with a disability and *only* upon the determination of the student's IEP team that the home setting is appropriate for the child's education and constitutes the least restrictive environment in light of his or her particular disability. School districts claim these students for funding under the same category of disability that was used before the student's placement was changed to home-based. If a student with a disability receives instruction at home because of an accident, illness, or pregnancy, the school district may claim either the medical homebound funding or the South Carolina Education Finance Act funding for the student's disability, whichever is higher. If the medical homebound placement will result in a change of placement, the IEP team must meet and make an individualized determination regarding the special education and related services needed to provide the student a FAPE.

Both the medically homebound student and the special education home-based student must be provided an opportunity to participate in nonacademic and extracurricular activities with his or her nondisabled peers to the maximum extent appropriate. The ultimate goal for both is transition back into the regular education environment as soon as possible.

2. Is medical homebound instruction the same as home schooling?

No. In home school programs, the parents are responsible for their child's education. These students are not eligible for medical homebound services and will not receive services unless they are enrolled in the school district.

3. How does a parent arrange for his or her child to receive medical homebound instruction?

The procedure for requesting medical homebound instruction is not determined at the state level but is established by the individual school district. Therefore, the parent should start by contacting the school guidance counselor, the school's medical homebound contact, or a school administrator. State Board of Education Regulation 43-241 requires that a licensed physician certify that the student cannot attend school as a result of an accident, illness, or pregnancy, despite the aid of transportation, and that he or she may profit from instruction given in the home or in a hospital. The physician must complete the state's medical homebound instruction form that the local school district provides. The district superintendent, or his or her designee, may or may not then approve the student's participation in a program for medical homebound instruction.

If the child is receiving services through the school district's special education program and has an IEP, then the parent should also notify the designated school or district contact person for special education regarding the request for medical homebound services. If the child has an accommodations plan under Section 504, then the parent should notify the Section 504 school or district coordinator about the request.

4. Can a parent request medical homebound instruction for a child because of a mental health problem?

Yes. A mental health problem may be a legitimate reason to request medical homebound instruction. However, a licensed physician must certify that the state of the child's mental health is the cause of his or her inability to attend school. If the mental health diagnosis indicates that long-term medical homebound instruction will be necessary, the school should advise the parent(s) to make arrangements for a licensed mental health professional to develop a treatment plan and strategy for reentry into the school environment.

5. If a physician writes a prescription for medical homebound instruction or completes a medical homebound application, isn't the school district required to provide medical homebound instruction?

No. The superintendent of the school district, or his or her designee, must approve any medical homebound instruction request. Upon the signed authorization of the parent, the district's medical representative may ask the physician to supply additional documentation in order to determine if medical homebound instruction is appropriate. School districts are encouraged to discuss with physicians the accommodations and modifications that can be made to keep students in the least restrictive environment.

6. What happens if the superintendent denies a request for medical homebound instruction for a child?

The district superintendent has the authority to approve or deny the physician's medical homebound recommendation. A parent may choose to go through the local school district's appeal process.

7. Can the superintendent request a second medical opinion if he or she disagrees with the first physician or feels that inadequate information has been provided?

There is no regulation in federal or state law that prohibits a superintendent from doing so. If the superintendent feels that additional information is needed, then he or she may request a second medical opinion in order to gain the necessary information to approve medical homebound instruction, deny medical homebound instruction, or determine possible accommodations or modifications to allow the student to continue in his or her regular school program.

8. What is the procedure for requesting medical homebound instruction for a pregnant student?

First, the parent must let the school know that the student will be a school-aged parent. Then, a licensed physician must certify that the student cannot attend school because of prenatal or postnatal complications associated with the pregnancy. In general, abdominal pain, back pain, fatigue, and vomiting are common to pregnancy but are not usually considered serious enough to warrant medical homebound instruction.

9. Can a nonpublic school student receive medical homebound instruction?

A student must be enrolled in a public school to qualify for medical homebound instruction. The district may then count the student in its attendance report for state aid purposes. If the student is not enrolled in a public school, there is no requirement under either federal or state law that district provide medical homebound instruction to the student.

10. What should parents do if their child has a recurring medical condition that only intermittently prevents him or her from attending school?

If a student has a recurring medical condition that intermittently makes him or her unable to attend school, that student may be eligible to receive medical homebound instruction during those periods, coming back to school and leaving school again as the need dictates.

If the student has intermittent medical homebound needs, an agreement should be set between the parent of the student and the district that specifies when homebound services will begin and end on an intermittent basis. The plan should state an "if . . . then" description of services when a pattern of intermittent absences exists due to an illness, accident or pregnancy when, even with the aid or transportation, the student cannot attend public school.

A recurring medical condition may also allow a child to qualify for services and/or accommodations under Section 504. Section 504 protects all persons who meet the definition of the term “disability” in Title II of the Americans with Disabilities Act of 1990 and the 2008 amendments:

The term "disability" means, with respect to an individual--

- (a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual;
- (b) a record of such an impairment; or
- (c) being regarded as having such an impairment.

Contact your district’s Section 504 coordinator for more information on services and accommodations available for your child. If the student has a Section 504 plan, it could include medical and educational considerations as elements of that student’s individual accommodation plan.

The Section 504 plan should indicate how necessary services will be rendered when the student is not able to attend school for medical reasons.

11. When should an IEP team meet to discuss whether to change the placement of a student with a disability to medical homebound?

When it is projected that a student with a disability will receive medical homebound instruction during a school year, the IEP team should consider, on the basis of individual circumstances and appropriateness, whether the student's placement needs to be changed. When considering whether the student’s placement should be changed to medical homebound, the IEP team must follow all special education procedural safeguards. The IEP team is required to change the student’s placement to medical homebound when it is projected that he or she will receive medical homebound instruction for more than ten consecutive days or for periods of time that establish a pattern that would be considered as a change of placement. When it is projected that a student with a disability will receive medical homebound instruction for less than ten days, the IEP team should conduct a meeting to review the student’s IEP and change his or her placement if that action is deemed necessary.

The IEP team must remain proactive when intermittent absences occur due to illness or a disability. When a student with a disability is projected to receive intermittent medical homebound services during the year, the IEP team is **required** to conduct a meeting to review and revise the IEP to reflect a description of the planned medical homebound services. The IEP team should consider an “if . . . then” description of services when a pattern of intermittent absences exists due to an illness or disability. If the planned medical homebound services should change for the student (e.g., the semester ends and new courses begin), the IEP team is **required** to call a meeting to review and revise the IEP and describe the updated medical homebound services.

B. Understanding Policies and Procedures

1. How old does a student have to be before a district can claim state funding in order to provide medical homebound instruction for him or her?

To be counted in medical homebound membership under the South Carolina Education Finance Act, a student must be at least five years of age by September 1 of the current school year. Visual and hearing disabled students are an exception to this law: they must be at least *four* years of age by September 1 of the current school year. If a student becomes twenty-one years of age and is still in school, that student remains eligible for medical homebound instruction until the end of the regular school year.

2. Once the district approves medical homebound instruction, how much instruction time must the student be provided?

The school district determines appropriate services and scheduling on an individual basis, *but in no instance can decisions regarding medical homebound instruction be based on funding, personnel shortages, administrative convenience, or school policies that limit instruction time.* Instruction scheduling should be discussed with the student, his or her parents, and the teacher.

The South Carolina Department of Education shall fund a maximum of five periods per week of medical homebound instruction pursuant to the Education Finance Act (EFA). A day of instruction must be based on the student's individual need but may be no less than fifty minutes to qualify for state funding. There is no limit to the amount of instruction that may be provided with funds other than state funds. If more instruction is needed, the school district must provide the additional funds.

In accordance with the South Carolina Education Finance Act, the State Department of Education provides funds for medically homebound students on the basis of the following formula calculation:

$$\begin{aligned} & \text{(district weighted pupil units X base student cost)} \\ = & \frac{\text{(state weighted pupil units X base student cost X index X .3)}}{\text{district allocation}} \end{aligned}$$

The cumulative 135-day average daily membership (ADM) of each school district by program classification determines the district's monetary entitlement. A day of instruction must be based on the student's individual need but may be no less than fifty minutes to qualify for a day of state funding.

3. Isn't the district required to provide more medical homebound instruction for high school students than for students in the lower grades because of graduation requirements?

The school district determines appropriate services on an individual basis for all medically homebound students, regardless of grade level. The IEP team for students with disabilities under the IDEA must ensure the student is provided an opportunity to access and progress in the general curriculum, appropriately advance toward the goals in his or her IEP, and earn units toward graduation with a regular state issued high school diploma if applicable. The teams for students with disabilities who qualify under Section 504 must also ensure that the services are appropriate for the particular student.

Please remember that even in the best of circumstances, medical homebound instruction cannot completely replace the experiences a student is afforded by attending school.

4. What is the policy for a medically homebound student taking a subject that requires a lab or some sort of equipment that is not accessible to the student in the home—subjects such as chemistry, keyboarding, and driver's education?

Medical homebound instruction is designed to aid students who are sick and unable to attend school so that they will not fall behind in their subject areas. If a student becomes medically unable to attend school while taking classes that require a lab and/or the use of school equipment, the classroom segment of the instruction could possibly be done at home, while the student would have to make up the lab portion of the class after he or she returns to school. Districts are encouraged to explore a variety of instruction methods such as audiotapes, videos, computer software, and Internet resources to supplement the instruction provided by the teacher who comes to the home.

For students with disabilities, the IEP or Section 504 team must ensure that they are given an opportunity to access and progress in the general curriculum, to advance toward the individual goals in their IEPs, and to earn units toward graduation with a regular state issued high school diploma (if applicable).

5. Can an illness cause a student to become eligible IDEA or Section 504?

School officials should consider the severity of the student's illness or injury and the length of time the student is expected to be out of school in determining whether the student may now have a disability that comes under Section 504. If the student does have such a disability, a team of qualified persons must meet and establish an accommodations plan for the student based upon his or her individual needs. When the student's health status adversely affects his or her ability to learn, the school district must determine if the student is also eligible for special education services under the IDEA.

Under the Child Find requirements in the IDEA and Section 504, if school district personnel or a parent believe the student's condition may be a disability that requires accommodations, modifications, or special education, you can request an evaluation of the student by school personnel and consideration for Section 504 or special education services. A

district is obligated to evaluate any student who it believes has a disability. If the student qualifies under either Section 504 or the IDEA, the Section 504 team or the IEP team will determine what is the appropriate amount of instructional services, who will provide the services, and how the services will be delivered.

6. Who teaches the student receiving medical homebound instruction?

Medical homebound instruction is provided either by a teacher who is regularly employed in the school district or by a teacher whom the district contracts to perform the service. State Board of Education Regulation 43-241 specifies that any teacher providing medical homebound instruction to students residing in South Carolina must hold a valid South Carolina teacher's certificate. In most instances, the teacher providing medical homebound instruction will not be the student's current classroom teacher. A South Carolina school district may count in membership a student who is compelled to reside outside the state to receive medical services, provided the student's teacher is certificated by the Department of Education in the state where services are rendered.

Section 1119 of the Elementary and Secondary Education Act (ESEA) requires all teachers of core academic subjects to be "highly qualified." Regular and special education teachers that are the primary providers of core academic instruction are required to meet the highly qualified teacher (HQT) requirements. Core academic classes include English, reading or language arts, mathematics, science, foreign languages (French, German, and Spanish), civics and government, economics, arts (visual arts and music), history, and geography. (§9101(11)). There are no exclusions for teachers of medically homebound students. The teacher of record must be HQT.

The onsite teachers of homebound students must be HQT, but do not have to be certified in the particular subject area of instruction. For example, a secondary certified teacher of English could provide instruction to a homebound student in English, but also could provide the homebound student instruction in Algebra I if he was enrolled in that course. The teacher of record remains the Algebra I teacher.

For students receiving special education, providers of special education must be appropriately certified to provide the special education services specified in the student's IEP.

Teachers providing medical homebound instruction are encouraged to use technological resources, Internet resources, and other alternative methods of instructional delivery when appropriate.

7. Where should medical homebound instruction take place?

The site for medical homebound instruction is usually the student’s home or a hospital; however, an alternate location can be chosen if deemed necessary. Regulation 43-241 specifies that the teacher shall teach the medical homebound student or students in a room especially set aside for the period of instruction. Every effort should be made to create an environment that is healthy and safe for both the student and teacher and that is conducive to learning. During the course of medical homebound instruction, the family may be required to provide adult supervision to ensure that such an environment exists and is maintained.

8. When can medical homebound instruction begin?

Medical homebound instruction cannot begin until a physician certifies that the student is medically unable to attend school, even with the aid of transportation, but may profit from instruction. The superintendent of the school district, or his or her designee, must then approve or deny the medical homebound instruction request.

State Board of Education Regulation 43-241 stipulates that a student is eligible for medical homebound instruction on the day following the last day of his or her school attendance or on the first day of the regular nine-month academic year in which the student would otherwise be enrolled if he or she were able to begin the school year. The student remains eligible until the day before he or she returns to school or until the last day of the regular academic year, whichever occurs first.

9. What happens if the school district fails to provide a student with the total amount of medical homebound instruction time that has been allotted to him or her?

The school district is required to make up the missed periods of medical homebound instruction even if the regular school year has ended. This makeup may occur even after the student has returned to school, as long as the makeup sessions are not held during the regular school day.

State funding for medical homebound instruction is available up until the last day of the regular school year. If the school district delays the start of services for any reason, including its having failed to assign a homebound teacher in a timely manner, the student is still entitled to the instructional services, and the school district must make up the missed instructional periods—even if the regular school year has ended—without the benefit of state funding.

10. What happens if the school district fails to provide the medical homebound services it owes to a student?

The school district is required to provide services owed to students with disabilities and to those without disabilities, even if the regular school year has ended and even without the benefit of state funding.

Students with disabilities under the IDEA are entitled to compensatory services including related and transition services if the school district has failed to provide the services specified in the IEP. The IEP team should also consider excessive absences due to health-related issues when determining the need for ESY services, especially if the student shows a significant lack of academic progress.

11. May a student who has been receiving medical homebound instruction return to regular school at any time?

If a student requests to return to school before the assigned medical homebound period has elapsed, the school district could require a physician's written release before allowing the student to return. A physician's release is not necessary if the date of return matches the date on the medical homebound application.

C. Fulfilling Roles and Responsibilities

1. What are the student's responsibilities in the medical homebound instruction process?

The student must realize that medical homebound instruction is an extension of regular school and all classroom rules and regulations, as well as school district policies, apply.

In addition, the student should:

- be available for all scheduled instruction;
- be dressed appropriately;
- have all books and materials needed for instruction;
- complete all homework assignments;
- remain courteous, comply with teacher requests, and use appropriate language; and
- dedicate instruction time to instruction only (no phone calls, visiting, radio, television, and so on).

2. What are the parents' responsibilities in the medical homebound instruction process?

The parents should:

- realize that before instruction can begin, all necessary paperwork must be completed;
- ensure that the child is prepared for the arrival of the medical homebound teacher;
- provide an area in the home that is conducive to learning and suitable for instruction (e.g., is quiet and free of distractions, has good lighting and a desk or table);
- understand that during the course of medical homebound instruction, adult supervision in the home may be required in order to ensure a healthy and safe environment for both the student and the teacher;
- make certain that the student is available for all scheduled instruction;
- contact the homebound teacher to cancel the scheduled period of instruction in cases of emergency;
- inform the homebound teacher of the child's future medical appointments as early as possible if such appointments will interfere with instruction time;
- understand that if the student is absent for his or her scheduled period of instruction, he or she is considered absent from school on that day;
- understand that the state's compulsory attendance laws fully apply to medically homebound students;
- communicate with the district's medical homebound instruction coordinator or the school's contact person about changes in the child's health and return-to-school plans;
- sign the homebound teacher's time sheet, which logs the hours and days that the teacher has worked with the student;
- monitor and encourage the child to plan his or her time in order to accomplish assigned work; and

- understand that although medical homebound instruction usually takes place at home, an alternative site may be designated if circumstances warrant.

3. **What are the medical homebound teacher's responsibilities in the instruction process?**

The homebound teacher should:

- call the district's homebound instruction coordinator if medical homebound instruction does not begin on the anticipated date;
- keep a time sheet that logs the hours and days that he or she has worked with the student;
- notify the family or hospital if he or she is unable to attend a regularly scheduled session due to illness or an emergency;
- notify the district's homebound instruction coordinator immediately if the teacher expects to be absent from the regularly scheduled sessions for more than a few days;
- never arrange for a substitute without prior approval;
- maintain close contact with the student's regular teachers and counselors to ensure that the student is working on the appropriate assignments and is receiving the appropriate grades or credit that he or she has earned;
- keep documentation to ensure the student receives credit for the work that he or she accomplishes;
- notify the building principal and the district's homebound instruction coordinator if one of the student's school-based teachers is not cooperating in the homebound instruction process;
- consult periodically with the student's regular teachers regarding the long-term planning of the student's education program;
- meet on a regular basis with the student and the family or hospital staff;
- understand confidentiality requirements;
- call the district's homebound instruction coordinator immediately if the student is absent from home at the scheduled instruction time and the session has not been cancelled by the family;
- call the district's homebound instruction coordinator immediately if there are concerns about the safety of the situation in the home;
- report (or cause a report to be written) to the Department of Social Services or to local law enforcement if he or she believes that the student's physical or mental health or welfare has been or may be adversely affected by abuse or neglect;
- maintain written documentation of work assigned, student absences, and meetings with parents and school staff;
- call the district's homebound instruction coordinator if there are problems with school personnel, the family, or the student;
- remember that motivation can be a problem with a sick or injured student;
- notify the district's homebound instruction coordinator and the school contact person as soon as it is known when the student will return to school; and
- return assignments, books, and materials to the school when the student is authorized to return to classes.

4. **What are the student's teachers' responsibilities in the medical homebound instruction process?**

The medical homebound student's teachers should:

- determine the student's interim and final grades with input from the medical homebound teacher;
- understand confidentiality requirements;
- assigns grades to the medically homebound student, following the regular grade-reporting processes including interim reports and report cards;
- collaborate and consult regularly with the medical homebound teacher regarding all the student's assignments, projects, and assessments;
- provide long-term planning of instruction in collaboration with the medical homebound teacher;
- provide the student's assignments on a regular basis;
- clearly communicate with the medical homebound teacher about the student's progress;
- collaborate with the medical homebound teacher to send frequent progress reports to the student's parent(s) or guardian;
- avoid assigning busywork or excessive practice to the student; and
- be flexible and remember that the homebound student is experiencing medical or mental difficulties.

5. **What is the role of the school in the medical homebound instruction process?**

The school should:

- ensure that appropriate collaboration is occurring between school staff and the medical homebound teacher;
- assign a school contact person for the parent to call if problems arise because of lack of collaboration among school personnel;
- assign a school contact person to facilitate the exchange of instructional materials;
- plan for accommodations at school when the student returns to his or her classes;
- arrange meetings as needed among the student's parents/guardians, the homebound teacher, the student's teachers, the principal, and so forth;
- involve the student support team or child study team as needed;
- ensure that the homebound teacher has the appropriate textbooks and supporting materials;
- consider IEP or Section 504 plans when warranted for recurring or chronic health conditions;
- consider change of placement issues if medical homebound instruction becomes necessary for a special education student;
- review periodically the appropriateness of medical homebound instruction for individual students; and

- ensure that a periodic IEP or Section 504 team review is held for students with disabilities to consider the appropriateness of medical homebound instruction for these students.

6. **What is the role of the school district in the medical homebound instruction process?**

The school district should

- establish a procedure to review medical homebound requests, confer with physicians as needed, and approve or deny medical homebound requests;
- provide confidentiality training to staff every year;
- establish a procedure to review instruction timesheets and mileage;
- establish a procedure to meet with the parents to discuss such issues as the educational plan for the student's medical homebound instruction and the conditions of service delivery including attendance requirements, time, and location;
- ensure that appropriate instruction is provided to the student;
- ensure that district grade-reporting policies are followed for medically homebound students;
- outline the responsibilities of the parents, the principal, the teacher, related school district personnel, and homebound teachers while a student is on medical homebound instruction;
- outline a procedure to ensure collaboration, consultation, and coordination among all the medically homebound student's professional caregivers (e.g., physician, psychiatrist, counselor);
- establish guidelines for reporting potentially unsafe conditions regarding the delivery of medical homebound instruction; and
- utilize technology and other alternative instructional delivery methods when appropriate to enhance the medical homebound instruction process.

7. **What is the role of the local school board in the medical homebound instruction process?**

Local school boards are advised to address policies outlining the medical homebound instruction appeal's process to resolve disputes between parents and district superintendents over delivery and denial of medical homebound educational services.

The preceding questions and answers draw upon the following sources:

Handbook on Services to Pupils Attending Nonpublic Schools. New York: New York State Education Department, Regional School and Community Services, 2001.
<<http://www.emsc.nysed.gov/rscs/nonpub/nonpublichomepage.htm>>.

Homebound Instruction: A Question and Answer Document for Parents and Guardians. Madison: State of Wisconsin, Department of Public Instruction, 2001.
<www.dpi.state.wi.us/dpi/dlse/sspw/pdf/homeboundq&aforparents.pdf>.

“Homebound Instruction for Students without Disabilities.” Section 8.11 of *Oregon School Board Policy*. Oregon, WI: Oregon School District, 1998.
<<http://www.oregon.k12.wi.us/webpages/dspages/boe/policy/>>.

“Homebound Services.” Williamsburg-James City County Public Schools. Williamsburg-James, VA. September 1997. <<http://wjcc.k12.va.us/SS/homeb.html>>.

“Hospital Homebound: Questions and Answers.” New Hanover County Schools. Wilmington, NC. [No date.] <<http://www.nhcs.k12.nc.us/aps/homebound.html>>.

“Information for Hospital and Homebound Students.” Alexander High School. Douglasville, GA. August 2002.
<<http://www.alexanderhighschool.org/academic/homebound.htm>>.

Murray, Tom. *Homebound Instructional Services, Information and Guidelines for Tutors*. Minneapolis, MN: Minneapolis Public Schools, 1999.
<http://www.mpls.k12.mn.us/schools/stserv/homebound/pdf/info_guid4tutors.pdf>.

Definitions of Terms

confidentiality requirements. A federal mandate to protect all personally identifiable data, information, and records that are collected, used, or maintained by the school about a student (34 C.F.R. § 300.127). Confidentiality requirements also apply to discussions about a student and/or the student's records. School staff and volunteers are required to receive confidentiality training every year.

compensatory services. Make-up services that may be required when a district has failed to provide the program stipulated.

extended school year (ESY). Special education services beyond the regular school year provided to students with disabilities who are enrolled in a school district's special education program. ESY services are specially designed instruction or related services based on the student's current IEP. (34 C.F.R. § 300.309)

free appropriate public education (FAPE). Special education and related services that:

- are provided to children and youth with disabilities at public expense, under public supervision and direction, and without charge;
- meet the standards of the State educational agency (SEA), including the requirements of IDEA;
- include preschool, elementary school, or secondary school education in the State involved; and
- are provided in keeping with an individualized education program (IEP) that meets the requirements of IDEA.

Individuals with Disabilities Education Act (IDEA). The federal statute whose purpose is to provide financial aid to states in their efforts to ensure free and appropriate educational services for students with disabilities.

individualized education program (IEP). The written plan for a child with a disability that is developed, reviewed, and revised during a meeting conducted in accordance with 34 C.F.R. §§ 300.341–300.350.

individualized education program team (IEP team). The group of professionals, school staff, and agency representatives who are familiar with the particular student with a disability and who—along with the parent or legal guardian and the student, if appropriate—are responsible for developing, reviewing, and/or revising the student's IEP. (34 C.F.R. § 300.344)

least restrictive environment (LRE). The federal mandate that to the maximum extent appropriate, children with disabilities are to be educated with children who are nondisabled. Any arrangement that removes a child with disabilities from the regular educational environment should occur only if the child's disability is so severe that he or she cannot be educated in regular classes with the use of supplementary aids and services. (34 C.F.R. § 300.550)

licensed physician. An individual who has met the basic requirements for a license to practice medicine in South Carolina. (Detailed licensing requirements are set forth in the South Carolina Medical Practice Act.)

medical homebound instruction. Those educational services delivered to a student who cannot attend school as a result of accident, illness, or pregnancy, despite the aid of transportation, as specified in State Board of Education Regulation 43-241.

Section 504. The part of the Rehabilitation Act of 1973 that stands as the broad civil rights law designed to eliminate discrimination against any individual on the basis of his or her handicap in any program or activity receiving federal financial assistance.

special education home-based placement. The decision made by IEP team to provide a student with a disability the provisions of FAPE in a home setting.