



To parents/guardians of students requiring homebound instruction,

Special School District will provide general education, special education, and related services in a homebound setting, during the dates when school is ordinarily in session, for those students whose needs cannot be appropriately met in the school setting. Upon approval of the application and determination by District personnel that the student can benefit from such a program, homebound instruction will be provided to students for the following reasons:<sup>1</sup>

- Medical/Psychological
- Suspension/Expulsion/Incarceration
- IEP Placement (Programmatic)

The provision of homebound services is a cooperative effort between the home and school and requires shared responsibilities in order to be successful. The parent's role is an important one and includes the following:

- Communicate with the school regarding the need for homebound instruction
- Complete the Parent Sign-off Form (attached) for homebound instruction
- Work with homebound teacher to establish mutually agreeable times for homebound instruction
- Arrange a suitable place for homebound instruction in the home (if instruction is to take place there)
- Agree to an appropriate library or community location for homebound services and provide transportation for the student to that location (if applicable)
- Ensure the student is present and ready to work for all homebound sessions
- Contact homebound teacher directly if the student is unavailable for instruction
- Be present (or provide for a responsible adult to be present) in the home or community location during all periods of homebound instruction<sup>2</sup>
- Inform school and prepare student for transition back to school as appropriate
- Contact homebound office if there are any concerns

Additional requirements for Medical/Psychological applications only:

- Submit completed application to physician and return signed form to the homebound office<sup>3</sup>
- Sign a release to exchange information with the physician who recommended homebound service<sup>4</sup>
- Provide the school and the homebound department with a new authorization from the physician if a service extension is required

Regular attendance is important for homebound instruction. The district will not make up services missed due to lack of student attendance in homebound sessions or for the unavailability of the student.

Homebound attendance is required under the Mandatory School Attendance Law and is submitted to the Department of Elementary and Secondary Education. Failure to participate in homebound instruction is considered truancy.

We look forward to working with you and your child to provide educational services. Please do not hesitate to call us if we can be of any assistance or answer any questions you might have.

Sincerely,

SSD Homebound Department

<sup>1</sup> Please refer to SSD board policy IGBG Homebound Instruction

<sup>2</sup> Please refer to SSD board policy IGBG Homebound Instruction

<sup>3</sup> Please refer to SSD board policy IGBG Homebound Instruction

<sup>4</sup> Please refer to SSD board policy IGBG Homebound Instruction



# Homebound Instruction Student Application

## Part 3 of 4: Parent Sign-off Form

School personnel should e-mail form to: **Homebound@ssdmo.org** Required for all Students

**7. PARENT SIGN-OFF FORM** This page must be provided to parents by school personnel and returned to homebound when complete.

To PARENT or LEGAL GUARDIAN: An application is being submitted to Special School District to request homebound service for the student below. Please review (or complete) your contact information, check it for accuracy, and make corrections if needed. Then read the sections below, check the appropriate boxes, sign and date the form, and return it to the student's school so that this form can be submitted to the SSD Homebound Department with the student's homebound application packet.

Student's Name: \_\_\_\_\_ SSD #: \_\_\_\_\_ MOSIS # \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Please indicate the relationship to the student.  Parent(s)  Surrogate Parent  Aunt/Uncle  Caseworker  Adult Student (self)  
 Foster Family  D.F.S. Worker  Grandparent(s)  Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Is the student a Voluntary Transfer Student (VICC)?  Yes  No  
 If yes, please contact the Homebound Office directly for instructions.

Ethnicity/Race: Please select all that apply.  No, not Hispanic/Latino  Asian  Black/African American  Native Hawaiian/Pacific Islander  
 Yes, Hispanic/Latino  White  Native American/Eskimo (You may choose more than one.)

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do parents/guardians read/understand (or have someone in household to translate) English documents?  Yes  No If no, what language? \_\_\_\_\_

Do you have internet access at home?  Yes  No Do you have the ability to transport your child to a public location, if required. (See below)  Yes  No

School Attends: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ District: \_\_\_\_\_

Required for all students	<input type="checkbox"/> Be present (or provide for a responsible adult to be present) in the home or community location during all periods of homebound instruction. If I cannot be present the following responsible adult(s) will be present and has authorization to make educational and medical decisions for the student in my absence : Names(s) _____ Relationship(s) _____ NOTE: If the services will be at a public library, you may elect to have the library staff be the "responsible adult" unless district personnel specifically require a family member to be present for the student's safety. If so, indicate "library staff" on the line above.
Mark One Note: Services for students who are suspended, or students who are not in school because of their behavior(s), must be in a public place.	<input type="checkbox"/> Arrange a suitable place for homebound instruction in the home (if instruction is to take place there). <input type="checkbox"/> Agree to an appropriate library or community location within St. Louis County (if applicable) for homebound services and provide transportation for the student to that location. My preferred location is: _____
Both are required for Medical or Psychological homebound services	<input type="checkbox"/> Complete the current physician's information and sign section 9 of the "Physician and/or Agency Release Form" for the physician who is recommending homebound service. <input type="checkbox"/> Give the signed form to the student's physician and ask for completion of the Medical Authorization section. Ask the physician to return the completed form to the school so the school personnel can review it and submit it to the SSD Homebound Department.
Required for students from Agencies or Non-Public schools	<input type="checkbox"/> Complete the current agency's information and sign section 9 of the "Physician and/or Agency Release Form."
If no service is required	<input type="checkbox"/> I am declining homebound services at this time.

I acknowledge receipt of the Homebound Instruction Student Application Parent Letter, and understand that homebound services cannot be considered, approved or initiated until all the necessary paperwork (including this form) is complete and in the homebound office and I agree to the items checked above:

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_