

Homebound Instruction Application

Name _____ Grade _____ Date of Birth _____
Last First Middle

School _____ Counselor _____

Please check all that apply: 504 Plan ESL services Special Education services/IEP GT/AP courses

Parents/Guardian _____ Phone _____ Address _____

The signature confirms the parent/guardian has received Cabot Public School District Parent & Student Homebound Instruction Information page.

Parent/Guardian Signature _____ Date _____

Physician's Report

This form must be completed by the student's physician and returned to the Director of Counseling, Cabot Public Schools, 602 North Lincoln, Cabot, AR 72023, faxed to 501-843-0576, or emailed to emily.taylor@cabotschools.org. This information is essential in determining eligibility for services.

Physician's Name (printed) _____ Clinic Name _____

Address _____ Phone _____ Fax _____

How long has this student been a patient? _____ Diagnostic/Medical Label _____

Briefly explain how this illness/injury prevents school attendance _____

Prognosis including length of homebound (*specific date or length is required*) _____

Please rate symptoms Chronic Acute Mild Moderate Severe

Physician's Signature _____ Date _____

School Use Only

Received on _____

Approved Denied Begin Date _____ Projected End Date _____

Date student returned to campus _____

Comments _____

Authorized by _____ Date _____

Parent & Student Homebound Instruction Information

Student Name _____ Parent Name _____

To be considered for homebound instruction

- A student must have an illness or injury that prevents school attendance
- Homebound instruction is needed for less than one semester
- The condition must be documented by a medical doctor
- A completed and signed Homebound Instruction Application must be submitted to the Director of Counseling
- It is the parent's responsibility to obtain and submit the completed application
- Incomplete forms will not be approved
- Attendance policies continue to apply until the application is approved. It is the parent's responsibility to obtain a doctor's note for any absences not covered by the approved time for homebound services
- Submitting an application does NOT guarantee approval
- If a student is well enough to continue going to work, homebound services are not appropriate
- A specific length of time for services or date of return is **required**
- *Students receiving special services should contact the Director of Special Education in order to be considered for homebound services*

Information about homebound services

- A student can not attend school or participate in *any* school events while receiving homebound services.
- Students will receive instruction in the blended learning setting with the regular classroom teachers through Google Classroom or other designated online learning platforms. All students in the district are provided a Chromebook.
- If a student does not have internet access, the parent should contact the Director of Counseling.
- The parent is responsible for notifying the student's counselor and/or the building principal if the length of services need to be shortened or extended. School staff will notify the Director of Counseling.
- Services may be lengthened or shortened with documentation from the student's doctor. The parent is responsible for obtaining documentation.
- Attendance policies apply after the projected date for end of services unless the Director of Counseling has received documentation from the student's doctor to extend services. Documentation *must* include a specific length of time or return date.
- The student is responsible for completing assignments in a timely manner. If a student can not complete assignments by the due date, the teacher should be notified immediately.
- If a student is unable to meet with the teacher during the scheduled time, the parent should contact the teacher.
- Students will follow requirements for semester tests.

Parent signature _____ Student signature _____

Date _____