

### 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 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 \_\_\_\_\_