**General Education Referral for In Home Instructional Support & IEP Team Referral for Homebound Services**

Regular education students can expect to receive 2 to 3 hours of instruction per week. The IEP team determines the extent of services required when a hospital/homebound placement is determined.

<table>
<thead>
<tr>
<th>Referring School: ___________________________</th>
<th>Does student have an IEP?</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td><strong>If yes please attach to this referral</strong></td>
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<tr>
<td>Student Attendance: Year to Date</td>
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<tr>
<td>Days Present: _______ Days Absent: _______</td>
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<tr>
<td>Does student have a 504 Plan?</td>
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<td><strong>If Yes please attach to this referral</strong></td>
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<td>Reasons for Referral:</td>
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<td>Physical Illness or Injury:</td>
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<td>Mental Health Diagnosis:</td>
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<td>Special Education Placement:</td>
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<td>Any special education meeting considering a homebound placement must include a representative from homebound services as a member of the IEP team designing the delivery of special education to be provided.</td>
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**If applicable,**

| EC Case Teacher: ___________________________ | Phone Number: ____________________ |
|                                             |                                |

Is there additional information that the homebound instructor should be aware of which is **not** included in this referral? If yes, explain.

**Principal’s Required Signature:** I understand that the student’s classroom teacher(s) are responsible for grading and providing assignments to the student on a regular basis until the student is released from homebound.

<table>
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<tr>
<th>Signature: ___________________________</th>
<th>Date: ___________________________</th>
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**Director of Health Services**

<table>
<thead>
<tr>
<th>Approved</th>
<th>Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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</table>

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<tr>
<th>Signature: ___________________________</th>
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**Date Complete Packet Received:**

Fax or email & attach completed referral packet to the Office of Health Services 910-483-7835
CUMBERLAND COUNTY SCHOOLS
SCHOOL REFERRAL FOR HOMEBOUND INSTRUCTION
Parent/Guardian Permission and Release Form
Rev. 9/2013

My child: ____________________________ has been referred to receive homebound services while they are not able to participate in the school-based instructional program. Homebound instruction does not duplicate the regular classroom experience. Instructional time in the home is limited. The homebound teacher will, to the extent possible, follow the student’s course of study and/or IEP. Students will remain enrolled in their school of attendance while receiving homebound. Assignments for the instructional sessions will be provided by the student’s classroom teacher(s), who are the teachers of record and issue grades for work completed.

I understand that:

- An adult, 18 years or older, must be present in the home for the entire duration of the homebound teacher’s visitation.
- Cumberland County Schools’ teachers are guaranteed a smoke, alcohol, and drug free environment. When the homebound teacher is present an instructional environment free from the above distractions must be provided or arrangements must be made for instruction to occur at another location. Teachers are also guaranteed a safe, healthy, harassment-free environment within which instruction can occur free of interference.
- The homebound teacher will not enter the home if pets are loose in the home. Pets must be constrained to the extent they are not seen or heard in the instructional area.
- It is the responsibility of the parent to inform the homebound teacher if the student or any member of the family has a contagious disease I am responsible for my child’s attendance during the scheduled instructional sessions and for supervising the completion of the class work assigned between homebound sessions.
- If the parent/guardian or student is not home when the homebound teacher arrives for a scheduled visit, the student will receive an unexcused absence. If at total of ten hours of unexcused absences from the scheduled instructional time is accrued it may cause discontinuation of services. The parent must contact the homebound teacher in advance of the scheduled visit to excuse their child.
- Students will remain enrolled in their school of attendance while receiving homebound services. Specific questions about class assignments should be directed to the classroom teacher(s).
- Students will return to their school of enrollment upon the termination of the services. All work completed by the student will be returned to classroom teachers for grading.

The student may not be employed or otherwise engaged outside the home or participate in organized activities outside the home. It is expected the student is medically restricted to the home and as such unable to attend school.

I understand and accept these rules governing the delivery of homebound services. Homebound instruction is intended to support my child’s academic progress until they are able to successfully return to school. I also understand that failure to honor these rules is cause for the temporary discontinuation of homebound instructional services.

Name of adult to be present in the home during homebound instruction ____________________________ Phone: ________

I give my permission for Cumberland County Schools to contact my child’s physician(s) and therapist(s) to obtain information pertaining to the effective delivery of educational services aimed at the successful return to the school environment. I authorize the release of any medical or psychological information necessary to process the application for homebound instruction, including future treatment plans and length of disability. I certify the information below is correct and authorize the release of any medical or psychological information necessary to process this referral, including present treatment programs, plans, and projected length of disability.

Parent/Guardian Signature: ____________________________ Date: __________

The homebound teacher will, to the extent possible, follow the student’s course of study and/or IEP 504 in collaboration with student’s teachers at assigned school.

Homebound Teacher: ____________________________ Phone Number: ____________________________

Homebound Teacher: ____________________________ (Please Print) Date: __________

Homebound Teacher: ____________________________ (Signature) Date: __________

cc: Director of Health Services
Principal
School Social Worker
School Counselor
EC Case Teacher
Teachers
CUMBERLAND COUNTY SCHOOLS
SCHOOL REFERRAL FOR HOMEBOUND INSTRUCTION
Physician’s Form

<table>
<thead>
<tr>
<th>Student’s Name (Last):</th>
<th>First:</th>
<th>DOB:</th>
</tr>
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**Physician’s Statement:** This student is being considered for homebound instruction that would require an absence of 4 weeks or greater. Your medical advice is needed to determine the student’s eligibility for service.

<table>
<thead>
<tr>
<th>Medical Diagnosis:</th>
<th>Specify medical diagnosis which prevents student from attending school.</th>
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- Is student free from contagion which would be harmful to school personnel? 
  - ☐ Yes  ☐ No
- Will any of the conditions allow a modified/partial day schedule? 
  - ☐ Yes  ☐ No
- **Do you recommend homebound instruction?** 
  - ☐ Yes  ☐ No

- Specific Restrictions, Recommendations or Precautions: ____________________________

- Clarify how this condition interferes with school attendance (be specific): ______________________

- **Expected duration the disability will prevent school attendance:** ____________________________

- **Date student may return to school?**

  - **Pregnant Students:** Students who are pregnant may receive homebound instruction under certain conditions. While nausea, fatigue, back pain, etc. are not in and of themselves sufficient reasons for a pregnant student to receive homebound services, it is recognized that they may be symptoms of more severe complications. Please be specific as to the nature of the complications that are detrimental to the health of the student. You may identify a diagnosis beyond the pregnancy. Education is the factor that most often and most quickly brings about security for teen moms and their babies. We encourage these students to be in school every day possible, both during pregnancy and following delivery, as education is the primary factor. Homebound services are provided to students post-delivery for 4 weeks unless otherwise directed by the physician.

  - **Anticipated due date:** ____________________________
  - **Anticipated date of return to school:** ____________________________
  - **Specific restrictions or precautions:** ____________________________

- **Psychiatric Diagnosis:** A student with a psychological/psychiatric disorder may qualify for homebound instruction under certain conditions. This service is of short duration and cannot be used in lieu of the normal school program. The student must be referred to the homebound office by his/her attending psychiatrist due to medical justification that would interfere with the student’s ability to attend the general education classroom. A plan, which includes goals, educational recommendations, anticipated medication, and a transition component for returning the student to school or placing him/her in a more appropriate setting, must accompany the referral.

  - **Psychiatric Diagnosis:** ____________________________
  - **Specific restrictions or precautions while providing instruction in the home:** ____________________________
  - **Implications prescribed medication may have on student’s performance:** ____________________________

- **Medical Updates:** Medical updates will be required every six to eight weeks for prolonged cases of eight weeks or more to determine continuation of homebound services.

  - Are there any instructional options which you would suggest that would make school attendance possible?
    - ☐ Attend school half day
    - ☐ Attend school 2 or 3 days a week
    - ☐ NC Virtual Public School (Online Instruction)
    - ☐ Release student to visit school counselor when necessary
    - ☐ Rest period during day
    - ☐ Peer/buddy to assist in mobility
    - ☐ Elevator
    - ☐ Other Accommodations:

  - **Physician’s Signature:** ____________________________  **Date:** ____________________________
  - **Physician’s name (printed):** ____________________________  **Phone Number:** ____________________________
  - **Address:** ____________________________  **City:** ____________________________  **Zip:** ____________________________

**Note:** Return this completed form to the EC Case Teacher, counselor or social worker at the student’s school.