



APPLICATION FOR HOMEBOUND INSTRUCTION
(Also for Extensions if needed)

Homebound instructional service is intended for school-age children of the Patchogue-Medford School District who are unable to attend school because of physical, mental, emotional illness, injury or disciplinary problems. Is this for an Extension? Yes or No (please check one)

Will the child be absent from school more than ten (10) consecutive school days?
 Yes or No (please check one)

Directions:

The following serves as a means to ensure that all the required information is obtained so that a decision can be rendered. Please check the reason under one of the three categories (Medical, Special Education or Suspension) listed below and then provide the information requested on the pages associated with the reason. All information should be written in ink. A decision regarding Homebound Instruction is made only on the basis of a completed application.

1. Medical

It is the parent/guardian's responsibility to see that all required pages are completed in their entirety. Return completed application to your child's school nurse.

- A. Social and/or emotional concern related to attending school
 - Page 2 – Child and Parent/Guardian Information
 - Page 3 – Treatment Plan for Social/Emotional Concern (Additional information may be required)
 - Page 4 – Patient Information/Medical provider
- B. Injury/Physical
 - Page 2 – Child and Parent/Guardian Information
 - Page 4 – Patient Information/Medical provider
- C. Illness
 - Page 2 – Child and Parent/Guardian Information
 - Page 4 – Patient Information

2. Special Education

- CSE – Committee on Special Education
 - Page 2 – Child and Parent/Guardian Information
 - Page 5 – School Personnel

3. Disciplinary

- A. OSS – Out-of-School Suspension
 - Page 2 – Child and Parent/Guardian Information
 - Page 5 – School Personnel (Section C)
- B. Superintendent Suspension
 - Page 2 – Child and Parent/Guardian Information
 - Page 5 – School Personnel



Child & Parent/Guardian Information Form

Child Information

Name

First: _____

Middle: _____

Last: _____

Legal Address:

Street: _____

City: _____

Zip Code: _____

Date of Birth: _____**School:** _____**Grade:** _____**Education Status (check one):** General Education Special Education

Parent/Guardian Information

Name

First: _____

Middle: _____

Last: _____

Contact Information:

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Preferred Number to be contacted on:

(circle one) Home Work Cell

Please sign the Statement of Consent below. Your signature is necessary in the event additional information is required from your child's health care provider to approve the request for Homebound Instruction.

Statement of Consent by Parent or Guardian

I consent to the release of information, pursuant to HIPPA regulations, from my child's Health Care Provider(s) to School Personnel who are *directly* involved in my child's educational welfare such as: school nurse, social worker, guidance counselor, administrator, and psychologist.

Signature of Parent or Guardian_____
Date



Alternatives to Home Bound Instruction offered by Patchogue Medford

The following is a list (with a brief description of services/accommodations/modifications from least to most intensive) that can be provided for a student. Please select the one(s) that are most appropriate for the student at the present time.

- Hall/Bus Pass – provides for additional time for student to get to and from classes or to the bus
- Comfort Pass – allows student to seek comfort/support from class on as needed basis – to speak with nurse, guidance, psychologist or other support personnel
- Peer buddy
- Reduced academic expectations
 - Reduced workload
 - Modified assignments
 - Alternative Pathway to Graduation
- Extended Day/Evening Program
 - Instruction in core subjects
 - Differentiated instruction
 - Monday – Thursday, 3 PM – 7 PM
- Truncated day
 - Late start
 - Early dismissal
 - Parent provided transportation
- On-line Learning Home Instruction
 - Self-paced program
 - Taught by On-Line teacher/tutor in real time
 - Intended for self-motivated student
- Home Instruction
 - Weekdays
 - 5 hours/week - elementary
 - 10 hours/week – secondary

TREATMENT PLAN FOR SOCIAL AND/OR EMOTIONAL CONDITION (Must be completed by licensed health care provider)			
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Patient Name	DOB
	Examination Date

Diagnosis and description of Problem/Symptom

Long Term Goal(s)

Short-term Objectives (behavioral benchmarks): See list below	Date Established	Projected Completion Date	Date Achieved

COORDINATION OF SERVICES

Please describe how you will coordinate with school personnel and any other health care provider.
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PATIENT INFORMATION

PHYSICIAN'S STATEMENT OF INCAPACITATING CONDITIONS
(Must be completed by licensed Medical Doctor or Doctor of Osteopathy)

Name of Patient: _____ Examination Date: _____

Diagnosis: _____

Prognosis: _____

Treatment Plan: (please briefly describe what the plan is to have the child return to school): _____

Physical restrictions and/or limitations caused by this condition that affects the child's ability to attend school
(please describe): _____

List all prescribed medications: _____

Has the parent or guardian been advised of any further medical examination or treatment that may be needed by another health care provider? (Check one) YES NO

If yes, please indicate to whom the patient has been referred and for what reason: _____

Recommended period for homebound instruction. Typical recommendations do not exceed eight (8) weeks.

**** Please Refer to Page 3 for additional choices for instruction in place of Home Instruction****

Start date: _____ End date: _____

PHYSICIAN INFORMATION

Physician Name (please print): _____

Physician Signature (original): _____

Office Address: _____

Office Phone Number: _____

Office Hours/Days: _____

Date: _____

PHYSICIAN STAMP

License No. _____



SCHOOL DISTRICT PERSONNEL

School Nurse – Section A

As the school nurse, I have verified that the child named on page 2 of this application is a registered student at the school indicated, and that I have reviewed the information on pages 1 -4 to ensure this application is complete. Any comments, recommendations, or additional information is noted in the space below.

Comments/Recommendations/Information:

Should the PPS or Guidance Director contact you for further information (please check one)? Yes or No

Recommended period for homebound instruction: Start date: _____ End date: _____

Signature of Nurse: _____ Date: _____

School Principal – Section B

As the school principal, I reviewed this Homebound Instruction Application and attest that it is complete. Any comments, recommendations, or additional information I have so noted in the space below.

Comments/Recommendations/Information:

Should the PPS or Guidance Director contact you for further information (please check one)? Yes or No

Signature of Principal: _____ Date: _____

School Guidance Counselor – Section C

As the school guidance counselor, I reviewed the student’s academic record and recommend the following courses. Any comments, recommendations, or additional information I have so noted in the space below.

Comments/Recommendations/Information:

Courses

_____	_____	_____
_____	_____	_____
_____	_____	_____

Should the PPS or Guidance Director contact you for further information (please check one)? Yes or No

Signature of Guidance Counselor: _____ Date: _____



APPLICATION ROUTING

If Category 1 (Medical), Section A (Social/Emotional Concern) is checked, please send ENTIRELY COMPLETED application to the Director of Pupil Personnel, otherwise send to the Director of Guidance.

Director of Pupil Personnel (if applicable): _____ Date: _____

Notes/comments:

Final Approved (Extension) Dates: Start date: _____ End date: _____

Director of Guidance Signature: _____ Date: _____