

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
EXCEPTIONAL STUDENT EDUCATION  
HOMEBOUND OR HOSPITALIZED (H/H) PROGRAM

**REQUEST FOR HOSPITAL/HOMEBOUND SERVICES**

**Instructions:** Print information and return to your child's school.

**I. STUDENT INFORMATION**

Student Name \_\_\_\_\_ Student No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Parent/Guardian Name (Print) \_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Email address \_\_\_\_\_

**II. PARENT/GUARDIAN PERMISSION** (Completed by the Parent/Guardian)

Read carefully and complete with signature and date.

- I understand that eligibility is based on Florida Statutes, State Board Rule 6A-6.03020, and that the physician statement is only part of the information used to determine eligibility.
- I understand that The School Board of Sarasota County, Florida (SBSC) school personnel will contact the licensed physician to obtain information needed to determine if my child will be eligible for Hospital/Homebound services.
- I understand that my child must be enrolled in a public school prior to the provision of Hospital/Homebound services.
- I understand that Hospital/Homebound services are for students diagnosed with a medical or mental condition "which is acute or catastrophic in nature, or a chronic illness, or a repeated intermittent illness due to a persisting medical problem and which confines the student to home or a hospital and restricts activities for an extended period of time."
- I understand that, in order to be eligible for Hospital/Homebound services, my child is expected to be confined to the home for at least 15 school days (8 for block scheduled schools) from the date the physician's statement reaches my child's school.
- I understand that I must call the school contact person within 48 hours to determine the status of the application.
- I understand that I will be required to sign a parental agreement regarding Hospital/Homebound Policies and Procedures.
- I understand that Hospital/Homebound services can only be provided in Sarasota County, Florida.
- I understand that if my child is found eligible for Hospital/Homebound services, s/he may not be employed.
- I understand that if my child goes on vacation or is no longer confined to the home, s/he may be dismissed from the Hospital/Homebound program.
- I understand that if my child is found eligible for Hospital/Homebound services and if circumstances change, my child may be dismissed from Hospital/Homebound to return to school.
- I understand that if my child is found eligible for Hospital/Homebound services, s/he is subject to the same mandatory attendance requirements as other SBSC students.

I request Hospital/Homebound instruction for my child and hereby give permission for the physician to communicate pertinent information regarding the student's medical condition to determine the educational implications with personnel from The School Board of Sarasota County, Florida.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## REQUEST FOR HOSPITAL/HOMEBOUND SERVICES

Student Name \_\_\_\_\_ Student No. \_\_\_\_\_

### III. HOSPITAL/HOMEBOUND POLICIES AND PROCEDURES

1. A responsible adult must be present during each instructional visit.
2. A table or a desk in a workspace that is well ventilated, smoke-free, clean, and quiet (i.e., free of radio, TV, pets, and visitors, must be provided).
3. A schedule for student study time between teacher visits will be established, and the student will be prepared for each session with the teacher.
4. Textbooks must be obtained from the school, a study schedule observed, and assignments completed on time.
5. Assignments will be returned to the regular school teachers for grading if the student is on Homebound instruction for a short period of time. For lengthier absences, the Homebound teacher will assign grades for the completed work.
6. A parent (not the student) must notify the Homebound teacher the previous evening or by 7:00 a.m. if the instructional visit must be canceled. The Hospital/Homebound teacher is not obligated to schedule make-up hours for cancellations. The Hospital/Homebound teacher will notify the parent if they need to cancel and the session will be rescheduled.
7. Expect the Homebound teacher to visit or conduct teleclass approximately 3-4 hours per week. If using teleclass, an open uninterrupted line must be provided during the instructional period.
8. Please notify the ESE Liaison at your child's school if the student plans to reenter school prior to the physician's recommended date. The parent needs to take a release form from the physician upon the return to school.
9. Homebound services will cease based on the "ending date" from the physician's referral. If the student needs to continue services, written and signed authorization from the physician must be faxed to the school prior to the "ending date". The school will not contact the physician's office to obtain this authorization. This process must be handled by the parent.

#### Dismissal from the Homebound Program may occur for the following reasons:

1. The physician recommends that a student can attend school or can no longer participate in or benefit from Homebound services.
2. The student is working, goes on vacation, or is no longer confined.

### AGREEMENT

I have read and agree to comply with the Homebound policies and procedures and understand the reasons for possible dismissal from the program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date