

Homebound Guidelines: Inver Grove Heights Community Schools

1. Students must be absent from school for more than 15 days or predicted to be absent from school according to the placing authority (medical doctor, psychologist, psychiatrist, judge, or other court-appointed authority). Exceptions can be made by a team decision. Special education services must be provided as required by the student's IEP and to the extent that treatment considerations allow the student to participate.
2. For students who are predicted to be out of school fewer than 171 school days, one hour per day is provided unless a building team requests additional time and that is approved by the Director of Special Services. This can be delivered as five hours per week in different configurations.
3. Parents should be home during homebound services.

Homebound Procedures

1. Homebound requests come to the Director of Special Services through the school nurse, health associate, or IEP team in each building. (The building administrator/counselor needs to be aware of the request).
2. **A Homebound Data Sheet** needs to be accompanied by a doctor's order or an IEP team request and must include an estimated length of time.
3. The Director of Special Services will approve and work with Human Resources, the Administrative Assistant for Special Services, and the building administrator to arrange for the homebound teacher. The school clerk will end the school enrollment record after 15 days of absence. The Administrative Assistant for Special Services will begin a homebound enrollment in TSIS when notified about the first day of service by the homebound teacher.
4. The homebound teacher will make the arrangements directly with the family and notify the Administrative Assistant for Special Services regarding the start date. The Administrative Assistant for Special Services will let the health office and the main office know the start date for homebound.
5. The school nurse, health associate, or IEP case manager will notify the teacher(s) and ask that homebound class work be delivered to a designated location in each building.
6. The homebound teacher will deal directly with teachers regarding questions about classroom work, etc. If the homebound teacher has any difficulty collecting assignments, the appropriate administrator would be consulted.
7. Ongoing communication regarding the health needs of the student should be done by the school nurse or health associate.
8. The homebound teacher will fill out a time sheet for homebound services and return the form to the Administrative Assistant for Special Services. At the conclusion of homebound services, the end date of homebound services will be communicated to the building attendance person by the Administrative Assistant for Special Services. If homebound needs to continue past the end date originally requested, a new homebound request must be received.

Please complete this form after you have completed your homebound tutoring for the student.

HOMEBOUND HOURS FOR STUDENT

School Year _____ - _____

Student Name _____

School Attended _____

Grade _____

Parent(s) Name _____

Diagnosis _____

Last Date of Attendance at School _____

First Date of Homebound Service _____

Last Date of Homebound Service _____

TOTAL HOURS of homebound service received _____

Homebound Teacher's Signature:

Send this completed form, along with your final time sheet, for each student, to the Administrative Assistant for Special Services at the District Office.

INDEPENDENT SCHOOL DISTRICT 199
2990 80TH STREET EAST, INVER GROVE HEIGHTS, MN 55076-3235

HOMEBOUND DATA SHEET

To be filled out by school nurse or IEP manager at school of enrollment:

LAST NAME: _____

FIRST NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT(S): _____

HOME PHONE: _____ WORK PHONE: _____

GRADE: _____ SCHOOL: _____

BIRTHDATE: _____

DIAGNOSIS(NEED DOCTOR'S ORDER) _____

To be filled out by Special Services office:

APPROVED BY: _____

HOMEBOUND TEACHER: _____

HOMEBOUND TEACHER CONTACT INFO: _____

LAST DATE ATTENDED SCHOOL: _____

REQUESTED BY: _____

BEGINNING DATE OF SERVICE: _____

ENDING DATE OF SERVICE: _____

COMMENTS: _____

LICENSED SCHOOL NURSE/HEALTH ASSOCIATE/ IEP CASE MANAGER: COMPLETE THIS FORM AS SOON AS POSSIBLE AND SEND IT TO THE DIRECTOR OF SPECIAL SERVICES IN THE DISTRICT OFFICE ALONG WITH A COPY OF THE WRITTEN REQUEST FROM THE DOCTOR REQUESTING HOMEBOUND SERVICES OR A COPY OF THE IEP LISTING HOME BASED/HOMEBOUND SERVICE WHEN THE REQUEST IS BASED ON AN IEP TEAM DECISION.