

M

ADAMS WELLS SPECIAL SERVICES COOPERATIVE

STUDENTS WITH INJURIES AND TEMPORARY OR CHRONIC ILLNESSES (GENERAL EDUCATION AND SPECIAL EDUCATION) PROCEDURES

Policy: All students with injuries and temporary or chronic illnesses that preclude their attendance in school, including general education students, must be provided with instruction.

Procedures: For instruction to begin for a student unable to attend school, the following procedures/forms must be completed:

1. The parent/principal/school designee contacts the AWSSC office if the student:
 - a. Has an illness or injury that will require the student's absence from school for a minimum of twenty (20) consecutive instructional days;
 - b. Has an illness or injury that occurs less than twenty (20) instructional days from the end of the school year and the student needs the instruction to meet promotion or graduation requirements; or
 - c. Has a chronic illness or other medical condition that will require the student's absence from school for an aggregate of at least twenty (20) school days over the course of a school year.
2. School personnel will send the following forms to the parent to complete:
 - a. School/Parent Homebound Form
 - b. Doctor Homebound Form
3. If the student receives special education services, an IEP (addendum or annual case review) MUST be written to reflect such homebound services. When a student returns to school, a case review or addendum IEP must be written to reflect school services.

NOTE: Multiple addendum case conferences can be done by phone if the parent is in agreement.

4. IEP addendum or annual case review LRE code documentation:
 - a. Use regular school code (50, 51, 52 or whatever LRE for student would be if student was in school) for medical or injury homebound placement. Explain homebound services provided on the case conference notes page of the IEP.
 - b. Use 57 for suspended, expelled or behavior student where LRE is homebound.
5. Principal or designee assigns a teacher to instruct the homebound student.*
6. The completed School/Parent Homebound Form and the Doctor Homebound Form are forwarded to the AWSSC office and corporation homebound coordinator.
7. Principal or designee contacts the corporation's administrative office to inform them of the homebound services.

8. The administration office will then send copies of teacher licenses to the AWSSC office.
9. The homebound teacher informs AWSSC when homebound ends.
10. A new School/Parent Homebound Form and a new Doctor Homebound Form may need to be updated every 60 instructional days.
11. A case conference must convene every 60 instructional days to review IEP.

*For general education students, instruction must be provided by teachers licensed to teach the grade level/subject content of the student.

*For special education students, instruction/consultation must be provided by appropriately licensed personnel.

ADAMS WELLS SPECIAL SERVICES COOPERATIVE

INSTRUCTION FOR STUDENTS WHOSE LEAST RESTRICTIVE ENVIRONMENT MAY BE AT THE STUDENT'S HOME OR ALTERNATIVE SETTING

Policy:

The public agency provides special education and related services by a licensed teacher in the student's home or alternate setting for reasons other than medical when the case conference committee determines it to be the least restrictive environment (LRE).

Procedures:

1. Please contact your building or program coordinator if you anticipate that a case conference committee will be discussing home services or services in an alternative setting. The coordinator will determine whether his/her attendance is necessary at the conference.
2. When the home or alternative setting is determined to be the LRE, the public agency's written notice must include:
 - a. The reason the child is not attending school;
 - b. Other options tried and considered; and
 - c. The reasons the other options were rejected.
3. The case conference committee must consider and document the type, length, frequency and the initiation and duration of the special education and related services in the home or alternative setting.
4. The case conference committee must reconvene at least every sixty (60) instructional days to review the IEP. An addendum IEP may be completed for this review.
5. A case conference committee meeting must be held and an IEP (addendum or case review) completed for the student when services in the home or in an alternative setting are no longer the least restrictive environment.

ADAMS WELLS SPECIAL SERVICES COOPERATIVE

HOMEBOUND INSTRUCTION – DOCTOR FORM

Student Name _____ DOB _____

Parent Name _____

Address _____

City _____ Zip _____ Phone _____

School _____ Grade _____

Diagnosis: _____

Date of Child's Last Doctor Visit: _____

Reasons student cannot participate in regular class (be specific):

___ Illness: _____

___ Chronic: _____

___ Injury: _____

___ Medical Condition: _____

Indicate the estimated amount of time student will be out of school: _____

Special recommendations (rest periods, etc.): _____

Doctor's Name – Please type or print

Doctor's address, city, zip

Doctor's Phone

Doctor's Signature

**Please return to: Adams Wells Special Services
925 North Main Street
Bluffton, IN 46714**

ADAMS WELLS SPECIAL SERVICES COOPERATIVE

HOMEBOUND STUDENT INTAKE FORM

Student Name _____ DOB _____

School _____ Grade _____

Program (General Ed., SLD, ED MiCD, MoCD, MH, OI SCD) _____

Records (to be attached):

School/Parent Form

Doctor Form

IEP

Elementary Teacher: _____

Secondary Teacher(s): _____

Homebound Teacher: _____

Copy of Teacher License? Yes No

Homebound Teacher: _____

Copy of Teacher License? Yes No

Beginning Date: _____

Approximate Ending Date: _____

ADAMS WELLS SPECIAL SERVICES COOPERATIVE

HOMEBOUND INSTRUCTION – SCHOOL & PARENT FORM

Student Name _____ DOB _____

Parent Name _____

Address _____

City _____ Zip _____ Phone _____

School _____ Grade _____

Teacher _____

Date Student became ill or injured _____

Description of illness or injury _____

Subjects to be taught _____

(Signature of principal or counselor) (Date)

(Signature of parent) (Date)

**PLEASE RETURN TO: ADAMS WELLS SPECIAL SERVICES
925 N MAIN STREET
BLUFFTON, IN 46714**

A new form may need to be completed every 60 instructional days.

Physician's Certificate of Student's Illness or Incapacity to Attend School

To be completed by the parent:

Student name: _____ Date of birth: _____

School: _____ Grade: _____

Parent name: _____ Telephone: _____

To be completed and signed by the physician:

Diagnosis or description of the illness or condition that precluded or currently precludes the student's attendance at school:

Date student first seen by physician for this illness or condition: _____

Date student may be expected to return to school: _____

If unknown, please explain: _____

Date student is to return to be seen by physician: _____

Physician's signature

Physician's printed name

Street Address

City, State, Zip

Telephone number

Date

<p>Please return this form to:</p> <p>_____ _____ _____</p> <p>If you have questions, please call:</p> <p>_____ Tel: _____</p>
--

HOMEBOUND FLOW CHART

