



AIKEN COUNTY

PUBLIC SCHOOLS

1000 Brookhaven Drive · Aiken, South Carolina 29803
Department of Student Services

Dear Physician:

Your patient is presenting you with the attached Medical Homebound Request Form to certify the student's inability to attend school for a defined period due to acute or chronic medical problems. The homebound form is available upon request to any student; however, this does not imply that the school district endorses the need for homebound services.

The Aiken County Public School District policy states that a student must be absent more than **10 days** for the same medical diagnosis to be considered for homebound services.

There are two types of homebound statuses.

1. Full-time status—the student is out consecutive days for a specific diagnosis.
2. Intermittent status—the student should attend school on a regular basis and should only be absent due to the approved medical diagnosis periodically throughout the school year.

As mandated by SC State Regulations, please complete the information as indicated in Section II. If there are accommodations that can be made at the school level that allow a student to attend school instead of being placed on homebound, please consider this possibility and identify these options on the form. Our goal is to meet your patient's individual health and educational needs as well as to provide instruction in the least restrictive environment (i.e. allowing student to stand instead of sit, extended time on assignments, providing help with book bags/books, providing assistance maneuvering through the school).

You may email (mjohnson6@acpsd.net) or fax (803-641-2491) this form to Dr. Melissa Johnson.

If the diagnosis is of a highly confidential nature, please mail the completed form to:

Aiken County Public Schools
Attn: Dr. Melissa Johnson
1000 Brookhaven Drive
Aiken, SC 29803

If you have any questions or concerns about homebound instruction, please call (803) 641-2421.

Sincerely,



Dr. Melissa Johnson
Aiken County Public Schools
District Homebound Lead Teacher

MJ/trr

cc: Carl White

CONFIDENTIAL MEDICAL HOMEBOUND INSTRUCTION FORM

Dear Physician:

Thank you for your dedication in keeping students in South Carolina healthy and progressing academically and socially in the regular school environment to the extent that is appropriate. The below named student and his/her parent, legal guardian, or surrogate parent has requested that the school district provide medical homebound instruction due to the student's inability to come to school as a result of an illness, accident, or pregnancy even with the aid of accommodations. A district representative may contact you to discuss strategies to maintain the student in the school environment and to request additional information. The district superintendent or his/her designee must approve any student participating in a program for medical homebound instruction or hospitalized instruction. **Please fully complete Section II.**

SECTION I – STUDENT INFORMATION: (To be completed by school district personnel or parent/guardian)

Student Name:	Date of Birth:	Age:	Grade:
School:	Student ID:	Does this student currently have one of the following: <input type="checkbox"/> 504 Plan <input type="checkbox"/> IEP	

SECTION II – MEDICAL INFORMATION: (To be completed by a licensed physician, nurse practitioner, in compliance with the requirements of the Nurse Practice Act, or physician assistant in compliance with the requirements of Article 7 of the Medical Practice Act.)

Diagnosis of condition that prevents school attendance, even with accommodations: (Attach additional information if needed.)

Prognosis and Treatment Plan: (Please include details, i.e.; medication, counseling schedule, etc., concerning your plans for returning the student to school. Attach additional information if needed.)

How does this medical condition impact educational performance? (Would this student be able to attend school if accommodations/modifications were made? Attach additional information if needed.)

Beginning date of nonattendance: ____/____/____

Projected return date: ____/____/____

Please circle one:

Intermittent Homebound

Full Time Homebound

Re-evaluations at the district level will occur each 9 weeks. Therefore, you may be contacted for additional information. Extension requests will require submitting additional written documentation on a new form, letterhead, or prescription pad.

I *certify* that the above student **CANNOT** attend school because of illness, accident, or pregnancy, even with the aid of accommodations/modifications but may profit from instruction given in the home, hospital or other mutually agreed upon location.

Date: _____ Phone: _____ Address: _____

Printed Name: _____ Physician Signature: _____

SECTION III – RELEASE: (To be completed by parent/legal guardian or by student, if eighteen or older.)

I authorize the release of medical, educational, or mental health information to school officials.

Parent/Guardian Signature: _____ Date: _____ Phone Number: _____

SECTION IV – AUTHORIZATION: (To be signed and dated by the District Superintendent or Designee)

I certify that school officials will consider whether the student now qualifies under Section 504 of the Rehabilitation Act of 1973 or is eligible for entry into programs for children with disabilities. I further certify if this is a student with a disability in accordance with State Board of Education regulations and if the student's medical homebound placement constitutes a change of placement, an IEP committee with parental involvement will develop an individualized education program (IEP).

Medical homebound services are authorized to begin on or after ____/____/____

Superintendent or Designee Signature: _____

Date: _____

The need for medical homebound instruction may be reviewed periodically. School districts must retain this document on file for a period of five (5) years in accordance with procedures set forth in the South Carolina Pupil Accounting System Instruction Manual.

Revised July 2021; supersedes all previous versions.

Aiken County Public School District
Instruction Sheet for Parents of Medical Homebound Students

Dear Parent or Guardian,

Since your child has been absent a minimum of 10 days, receipt of this packet indicates that you are seeking medical homebound services. In order to be considered for approval, you must provide the school with a completed homebound packet. Please be aware that a doctor's signature does not guarantee homebound services. If there is a delay in the submission of the homebound packet, services may not be granted retroactively and/or the student can be considered truant. Upon approval or denial of services, you will be contacted by a District Homebound Representative.

Re-evaluations at the district level will occur each nine (9) weeks. Therefore, your child's physician may be contacted for additional information. Extension requests will require submitting additional written documentation on a new form, letterhead, or prescription pad.

If services are approved, parents must abide by the following:

- Arrange to have a parent or designated adult present during all homebound sessions.
- Set up with homebound teacher a **MUTUALLY AGREEABLE** place for instruction (e.g., public area of home, public library, or school).
- Pick up books and other supplies from the school prior to the first homebound session.
- Ensure that students are available for scheduled instruction and have all books and materials needed for instruction. When student is unable to attend any session, notify the teacher by e-mail or phone **PRIOR** to the session. *This is a requirement each time a student misses a session.*
- Make sure the student completes assignments between homebound sessions. It is critical that the student is prepared for each homebound session. Deadlines set by the homebound teacher should be followed.
- Sign teacher's time sheet to verify dates and times of service.
- Provide a parent note or medical excuse specifying if the absence was related to the medical homebound diagnosis when intermittent homebound students return to school. Intermittent students are typically served within the school setting either during the school day or after school.

Failure to meet with homebound teacher(s) in a consistent manner will result in loss of credit or removal from the homebound program. If services need to be canceled for more than one week at a time, then the District Homebound Lead Teacher must be contacted immediately and medical documentation to support these absences must be provided.

Homebound instruction is designed to meet the needs of students who are medically unable to attend classes at school. Please remember that a high school homebound teacher is not certified in all subject areas. Some subjects such as a foreign language or lab science may not be feasible for homebound students. This may result in the loss of a credit. However, to provide educational opportunities for completion of coursework, the school and homebound teacher will make every effort to offer options based on individual circumstances.

***NOTE: FOR INTERMITTENT STUDENTS ONLY**

It is the student's responsibility to make up work with the classroom teachers for the first 10 days missed prior to homebound services beginning. A homebound day is considered two (2) blocks or more in high school, three (3) periods or more in middle school, and three (3) hours or more in elementary per school day. For students missing less than this time per school day, the homebound department **may consider** individual requests for instruction if the parent makes the request and provides additional medical documentation.

I certify that I have read and understand the guidelines for homebound instruction as outlined on the Instruction Sheet for Parents of Homebound Students.

I accept the homebound services as described in the Parent Letter.

Parent/Guardian Signature: _____ **Date:** _____

I decline the homebound services as described in the Parent Letter. I understand that excessive medical absences may result in loss of credit.

Parent/Guardian Signature: _____ **Date:** _____

Parent Instruction Sheet

Parent/Guardian Name: _____

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Address: _____

Parent Email: _____

Home: _____ Cell: _____ Work: _____

Check if this currently applies to your child:

____ Receives Special Education Services

____ 504 Plan on file at school

____ Computer/Laptop available in home

____ Reliable internet access

For Middle and High School Medical Homebound Students ONLY. Please check and initial one of the following:

_____ (Check and initial.) **I give** permission for the medical homebound staff to communicate with my child via text messages and/or phone calls concerning homebound-related matters.

_____ (Check and initial.) **I do not give** permission for the medical homebound staff to communicate with my child via text messages and/or phone calls concerning homebound-related matters.

Provide in the space below any additional information that you think would be helpful to the medical homebound department/teacher.



AIKEN COUNTY
PUBLIC SCHOOLS

1000 Brookhaven Drive · Aiken, South Carolina 29803
Department of Student Services

SUPPLEMENTAL RELEASE FORM FOR HEALTH RECORDS

STUDENT NAME: _____ DOB: _____

HOME ADDRESS: _____

PHONE: _____

SCHOOL: _____ GRADE: _____

PARENT CONSENT:

Parent authorization – I give permission for the exchange of medical and other pertinent information between Aiken County Public School District and the following physician/clinic/hospital/agency (Please list **all** physicians, etc., in the blanks below):

Physician: _____

Address: _____

Phone: _____

Physician: _____

Address: _____

Phone: _____

***Please include additional physicians on the back of this form if necessary.**

Concerning my child, _____

PARENT/GUARDIAN SIGNATURE: _____

RELATIONSHIP: _____ DATE: _____

Medical Homebound Attendance Requirements

Student Name: _____

School: _____

Please be aware that the school attendance policy applies to all homebound students. District Attendance Policy and State Attendance Regulations (Student Attendance Regulation No.: R 43-274, S.C. Code Ann. Sections: Powers and Responsibilities of State Board of Education: 59-5-65(2004), Rules and Regulations: 59-65-90 (2004)) dictate that a student must be in school daily.

Upon approval for medical homebound services, the student/family must adhere to the following attendance requirements:

- Attend all scheduled homebound instruction sessions
- Determine a mutually agreeable location for instruction
- Contact homebound teacher PRIOR to the homebound session in the event of a necessary change in the agreed upon schedule
- Make arrangements to be available for instruction by specialty teachers as deemed necessary by the District Homebound Representative
- Provide additional medical documentation to the District Homebound Representative in the event that the student is medically unable to attend school intermittently or meet for homebound sessions

If a student misses a scheduled homebound session, it can be documented as an unlawful absence in his/her attendance record. Once five missed sessions have been accumulated, the student is then considered truant and in violation of the compulsory attendance law. An attendance intervention must then be held. If missed sessions continue, this is considered a failure to comply and can result in termination of services. Additionally, the student and/or parent can be referred to court for violation of the compulsory attendance law.

I have read and understand the above attendance requirements.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____



AIKEN COUNTY
PUBLIC SCHOOLS

Aiken County Public Schools
Division of Instruction and Accountability

1000 Brookhaven Drive • Aiken, South Carolina 29803

Dear Parent / Guardian,

You are receiving this letter because you are in the approval process for your child to receive medical homebound services.

The purpose of this letter is to fulfill Aiken County Public School's obligation for child find requirements under the Individuals with Disabilities Education Act (IDEA) of 2004 and the Rehabilitation Act, Section 504.

If your child has already been identified as having a disability under the IDEA and has an IEP; or if your child has already been identified as having a disability under Section 504 of the Rehabilitation Act and is Section 504 eligible, the school will contact you for a team meeting to review the IEP or 504 Plan to determine services during medical homebound. [If your child has an identified disability under the IDEA or Section 504, the rest of this letter does not apply to your situation.]

If your child does not have an identified disability under the IDEA or Section 504, select members of each school will review your child's approved medical homebound application to consider whether your child's medical condition impacts a major life function and/or your child's ability to be successful in school. The persons who review approved medical homebound applications include the school's medical homebound coordinator, the school psychologist, and the principal (or designee). Please be aware you have the right, as parent/guardian, to request consideration for special education or section 504 eligibility.

The possible outcomes of the review of your child's approved medical homebound application include:

- Medical homebound service provided – No other actions taken
- Medical homebound service provided AND the student is referred to the School Intervention Team (SIT) to create an intervention plan to support the student in their areas of need.
- Medical homebound service provided AND the school will schedule a team meeting with you to determine whether the student meets eligibility criteria for Section 504.
- Medical homebound services provided AND the school will schedule a team meeting with you to discuss and possibly plan an evaluation to determine whether your child meets eligibility criteria for special education services under the IDEA.

Please notify the school principal in writing if you do not give permission for the school to review your child's medical homebound application. If you decide not to give permission for the school to review your child's medical homebound application, this decision will have no impact on the approval of your child's medical homebound application.

If you have any questions or concerns regarding this process or the purpose, please contact the school principal or the Department of Special Programs at (803) 641-2428.

Sincerely,

Beth Taylor,
Assistant Superintendent, Special Programs



**Medical Homebound Department
Operations and Student Services Division**

Intermittent Medical Homebound Agreement

Date: _____

Student: _____ School: _____

Diagnosis: _____

Dear Parent,

Your child has an "Intermittent" Homebound Form with the above diagnosis on file. Intermittent is defined as the following:

1. A student who is approved for intermittent homebound services should attend school on a regular basis and should only be absent when he/she is experiencing medical difficulties related to the approved medical homebound diagnosis.
2. An intermittent student should attend school on a regular basis. Being approved for intermittent homebound services means that the student's medical condition is of such a chronic or severe nature that it is anticipated that the student will be absent from school due to the approved medical diagnosis periodically throughout the school year.
3. For the school to know the absence is related to the diagnosis, you must send a parent note each time a school day is missed. The note must state the dates missed and why they were missed. No homebound will be served for absences not related to the approved diagnosis.
4. If a student is absent for five or more consecutive days, the District Medical Homebound Lead Teacher must be contacted immediately at 803-641-2421. In addition, a medical note supporting these absences must be provided to school personnel (i.e. homebound teacher, homebound coordinator, attendance clerk, or homebound supervisor) within five school days. If not provided within this time frame, it is possible that these days will not be considered homebound absences.
5. It is the student's responsibility to make up work with the classroom teachers for the first 10 days missed prior to homebound services beginning.

Failure to comply with these procedures can result in missed instruction and/or termination of services, as well as a referral to a District Attendance Officer.

Thank you for your cooperation in this matter. Should you have any questions, please contact the District Homebound Lead Teacher at 803-641-2421.

Sincerely,

Dr. Melissa Johnson

Dr. Melissa Johnson

District Medical Homebound Lead Teacher

***Please see back for more information and signature requirement**

Action Steps for Noncompliance

1. Student and guardian sign Intermittent Letter. (2 weeks of monitoring attendance)
2. Homebound teacher conducts phone conference with guardian. Homebound teacher contacts medical doctor. Doctor will either support student attending school intermittently or provide documentation to warrant absences. (2 weeks of monitoring attendance)
3. A certified letter is sent to guardian. The letter will cite violations and action steps that will follow prior to termination of services. (2 weeks of monitoring attendance)
4. Guardian and student are required to meet with school and homebound personnel to discuss absences. A homebound contract is presented and signed by guardian, student, and district staff members. (4 weeks of monitoring attendance)
5. Homebound teacher meets with guardian and student to terminate services. Student is referred to district attendance personnel for truancy if applicable.

I certify that I have read and understand the guidelines and action steps for intermittent homebound services as outlined in this letter.

_____ / _____	_____
Date	Parent/Legal Guardian Signature
_____ / _____	_____
Date	Student Signature

Date Approved: _____ (For Office Use Only)