

- x the student is free from in actious and/or commerciable disease;
- x the student is under medical care, following teatment atmospherical to home or hospital;
- x the student is unable to attend school for a minimum of 15 school days from the date of referral
- x the student is not a danger to himself or others;
- x the student is able to participatetime Hospital/Homebound Program.

The physician must also provide the treatment plan and recommendations for setmont.re-

This medical information alone does not determine eligibility. It is considered along with





Student DOB School

NOTE: H/H services for mid dle and high school students may be provided through a virtual learning platform. AP courses, Electives, Foreign Languages &L aboratory courses are not covered by H/H.

STUDENRESPONSIBILITIES:

- x Be present and prepared for scheduled sessions
- x Complete teacher directed activities during the instructional session
- x Completehomeworkbetween scheduled instructional sessions
- x Submit completed work assignment(s) within the timeframe givery the teacher

PARENT/GUARDIAN RESPONSIBILITIES:

- , Set a regular instructional session schedule and contact procedunath the H/H teacher
- , Have a responsible adult in the home at all times during the H/H session
- , Make sure the child is rested and add at the specified time
- , Provide a clean, well/entilated, safe work place for H/H sessions
- , Monitor and assist child with homework assignments needed
- , Notify the teacher in advance of the reason a scheduled session must be canceled
- , Notify ESE office if your child's medical condition changes
- , Read and Sign Teacher completed reimbursement form aftereach instructional session
- , Follow CCPS Homebound Attendance Pedares*
- *Excused Absence:instructional sessionscancelled in advance due to illnessof student or teacher. Excused Absence must be rescheduled and completed within 2 weeks.
- *Unexcused Absences instructional sessions missemecause the student or parent did not attend for reasons other than illness. Unexcused Absences will not be rescheduled.
- * Attendance will be documented the student permanent record

COOPERATION AGREEMENT I have read all sections of thisreferral and agree to cooperate with the policiesand proceduresof the Hospital/Homebound Program as stated on this referral, should my child be found eligible for services. NOTEFailure to cooperate and comply with the Student Responsibilities and Parent/Guardian Responsibilities, including attendance reporting requirements and regular participation with instructional sessions could result in an IEP review. | Date (Month/Day/Year)

Copy: Principal/Student Records Copy: 9.552 0 Td [(Co4te)-4/u5()2lu5TO(py)Co4tee

3/4	The Hospi: c Tf -0.0110 46 1.63 0 T6 (H)4.6 (om)17.1 (e)-1.6 (bound 517.1 (e)-1r (t)v7 ()10.9 (i)-4 (o c)-1.1 (e)-1 .9 (i)-4	1.6
	Important information to consider: 3/4 The Hospital Homebound service is a temporary educational sediesigned to teach the student core academi subjectcub tub	