

**Windber Area School District
HOMEBOUND INSTRUCTION APPLICATION**

Name of Student: _____

Parent/Guardian's Name: _____

Address: _____

Telephone Number: _____ Date of Birth: _____ Age: _____

Grade: _____ Homebound Instruction Location: _____

Anticipated duration of Homebound Instruction (Weeks): _____

Physician prescribing homebound (Print or type): _____

Physician's telephone number: _____

Directions to Parents/Guardians:

1. Complete the above application and meet with the building principal in order to explain process.
2. A current doctor's prescription "TYPED" physician's official letterhead or official prescription form shall be required for homebound instruction. Prescription must be attached or home bound instruction will not be provided. Prescriptions can be faxed from physicians or delivered in person to building principal Five (5) Hours of homebound instruction are permitted each week.
3. A physician's prescription is only good for **three months**. A new prescription and application must be completed each time or for each school year for a long-term illness.
4. Prescriptions should list the following:
 - reason for homebound (type of illness, condition)
 - the length in weeks.
 - Special limitations or concerns.

FERPA Regulations permit health related issues/concerns to be shared with school officials/personnel and does not violate, circumvent, or intend to diminish HIPPA, nor is HIPPA intended to violate, circumvent, or intend to diminish FERPA.

5. **Parents shall provide adequate-clean space to work in the home, free of interruptions, personal traffic and a smoke free/tobacco free environment due to the district receiving drug free grants and funds.**

Principal's OFFICE USE ONLY

Check when complete

- Building Principal reviews homebound process with parent/guarding. (time frames, duration, location, special concerns, prescription, etc.)
- Building Principal reviews item number five on directions to parents.**
- Building principal attaches physician' prescription to application. **(Do not approve or complete following steps without Prescription.)**
- Building Principal notifies Superintendent's Office to place item on Board agenda For Board action or Board action for administrative approval. _____
- Building Principal then notifies Director of Education that this item is on the Board agenda.
- Date of Board Meeting: _____
- Approval or Denied by Board: _____ (List Approved or Denied)
- After approval, Building Principal advertises for instructor (E-mail, posting, grade-level, etc.)
- Name of Homebound Instruction: _____ (if available)
- Building Principal forwards application and prescription to Director of Education.
- Building principal informs instructor to report to payroll and benefits for homebound instruction forms. These forms will only be distributed through payroll and benefits.

- Student is a SPECIAL NEEDS STUDENT: YES NO**
If YES, complete the following:
Date of 1st Excused Absence for Homebound Period: _____
Disability Category: LD MR AS ES OHI GFT SPEECH OTHER: _____
IEP DATE: _____ Special Education Teacher: _____
Date Returned from Homebound Instruction: _____
YReturn date must be no later than 3 months from 1st Excused Absence for Homebound Period
YPrincipals must notify Special Services Coordinator when the student returns from homebound.

Principal's Signature and Approval: _____ Date: _____

DISTRICT OFFICE USE ONLY

Initial and date when complete

- Upon receipt of application and prescription from Building Principal, Director of Education forwards application And prescription to Payroll and Benefits Clerk and Accounts Receivable Clerk. _____
- Payroll and Benefits clerk reviews hours and record with instructor and provides forms. Instructor will turn in record to building principal for review of academic progress and the building principal will then forward record to Payroll and Benefits Clerk for payment. _____

- Payroll and Benefits will forward payroll sheets for the instructor to Accounts Receivables Clerk each time instructor is paid.
- Account Receivables Clerk maintains application and prescription for Reimbursement file for PDE.