

## Homebound Application Procedures

The mission of the Carter County Schools homebound program is to provide continuity in a student's education with modifications in instruction based on individual needs due to illness or injury. Homebound instruction offers temporary educational services to students unable to attend school. Homebound services are designed for students whose absence from school will be a minimum of ten consecutive school days.

Please read and be familiar with the information below which specifies guidelines and procedures related to homebound services. Upon receipt of all required documentation, a determination will be made regarding the student's eligibility for homebound services. Decisions regarding a student's eligibility for homebound are made at the Carter County Board of Education office.

The parent/guardian is responsible for the completion and submission of the homebound application to the Carter County Board of Education. All sections of the homebound form must be completed before a decision regarding homebound will be made.

Attached you will find a "Healthcare Provider Documentation" form. The medical documentation section must be completed and signed by the appropriately licensed specialist (i.e. M.D., Pediatric M.D., OB/GYN M.D., Orthopedic Surgeon M.D., Psychiatrist, etc.). Applications signed by physician's assistants, nurses, nurse practitioners, chiropractors, etc. will **not** be accepted.

Students who are seeking homebound services for emotional or psychological disorders (bipolar disorder, depression, anxiety, phobias, etc.) must have the form completed by a licensed clinical psychologist, neurologist, or psychiatrist. Family physicians not licensed in treating psychological disorders may not be the doctor of record in these cases.

Parent(s)/Guardian(s) are responsible for following the regulations listed below:

1. The parent/guardian (or other responsible adult authorized by parent/guardian) **MUST** be present in the home during the entire homebound instructional period.
2. A regular program of study and preparation of lessons is required for each student. In addition to the instruction provided by the homebound teacher, the student will be expected to complete assignments on his/her own time. Assignments must be completed before the homebound teacher's next scheduled visit.
3. The homebound program adheres to the school board policy on attendance. Three absences (cancellation of homebound visits) will result in a review by the homebound director and may result in the termination of homebound services.
4. If a student's condition requires homebound services for a period to exceed thirty (30) days, a parent/guardian is responsible for submitting a recertification form before the end of the initial homebound period. A recertification form must be obtained from the board of education office.
5. A student may **not** be employed while receiving homebound services.
6. A student who is receiving homebound services may not visit his/her school campus without prior authorization by the school principal. Additionally, students assigned to homebound are not allowed to attend extracurricular activities such as school dances or sporting events unless specifically authorized by the principal of the student's school. Attendance at such activities without prior written authorization may result in the student's removal from the homebound program.

CARTER COUNTY SCHOOL SYSTEM  
HOMEBOUND APPLICATION

**HEALTHCARE PROVIDER DOCUMENTATION - RECERTIFICATION**

**According to TCA Section 49-10-1101, homebound placements shall not exceed thirty (30) school days duration. Medical problems which require homebound placement for more than thirty (30) school days will require recertification by a physician.**

**TO BE COMPLETED BY PARENT:** (Please print)

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School Attended \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_  
Parent(s) Name \_\_\_\_\_  
Student Address \_\_\_\_\_  
Phone Number (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN:** (Please print)

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Date of Most Recent Office Visit \_\_\_\_\_

**RECOMMENDATIONS FOR HOMEBOUND:**

In your medical opinion, could this student return to school with accommodations? YES \_\_\_\_ NO \_\_\_\_  
(If yes, check all recommendations that apply below. If no, please list below complications of medical condition preventing the student's return to school.) Recommendations for accommodations to facilitate student's return to school:

\_\_\_\_\_ Partial School Day ( \_\_\_\_\_ Morning only \_\_\_\_\_ Afternoon only)  
\_\_\_\_\_ Administer Medications (Please list medications, dosage, times, route, and duration) \_\_\_\_\_

\_\_\_\_\_  
Nursing Procedure(s) (Please list procedures needed with orders for any special care required.)

\_\_\_\_\_  
Classroom Modifications (Please list modifications needed i.e. frequent breaks, comfortable chair, etc.)

\_\_\_\_\_  
Please list complication(s) of medical condition(s) that necessitate continued homebound placement.

\_\_\_\_\_  
Date Homebound to Begin \_\_\_\_\_ Date Expected to Return to School \_\_\_\_\_

**Reminder: Homebound recertification shall not exceed 30 days. More than 30 days will require recertification.**

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_  
(Stamped Signature Not Acceptable)

**RETURN FORM TO 423-547-4039 or to [amymckinney@carterk12.net](mailto:amymckinney@carterk12.net)**