

APPLICATION FOR HOMEBOUND INSTRUCTION
Boulder Valley School District – Department of Special Education (Revised 8/28/07)

I. To Be Completed by Parent/Guardian and Staff Member Initiating Referral

Student _____	Date of Birth _____	Date of Application _____
Parent/Guardian _____	Phone (H) _____	(W) _____
Address _____		
Home School _____	Grade _____	Teacher/SpEd Case Manager _____
Staff member initiating Referral _____		Phone _____
<i>(I have reviewed the Homebound Guide and Parent Responsibilities sheet with the parent and provided them a copy.)</i>		
Reason for Referral _____		
The student is: General Ed _____ Special Ed _____ 504 _____		
<u>Authorization for Release of Health Information:</u>		
I request that my child be provided homebound instruction. I authorize appropriate school personnel to contact my child's physician/psychologist listed below for information related to this request at any time during the period where such services are needed. I understand the District's right to gather sufficient information to support this request.		
Parent/Guardian Signature _____		Date _____
This information will be maintained in accordance with the Family Educational Rights and Privacy Act (34 CFR Part 99).		

II. To Be Completed by Licensed Physician or Psychologist (Eligibility cannot be determined if this section is incomplete.)

BVSD believes that students should attend school if they are physically and psychologically able to do so in order to maximize their educational, social, developmental and extracurricular opportunities.

I understand that homebound instruction is intended to provide short-term tutoring and cannot replace or duplicate school-based instruction. I understand that I may call school personnel to discuss this student's situation and that school personnel may contact me to gather or share additional information related to this request for homebound instruction. The Homebound Services Assistant can be reached at (303) 447-5183.

Medical Provider _____	License # _____
Phone _____	Fax _____
Address _____	
Signature _____	Date _____

This child is currently under my medical care for treatment of an illness or injury that is acute or chronic in nature.

Yes No

Medical Diagnosis (must also include a description of the disabling condition):

Describe your treatment plan for this student. Please include any components of your plan which specifically address medication or therapies which may impact instruction.

In your professional opinion, are there any alternatives to full time homebound instruction? Can this child attend school, with accommodations for any part of the school day/week?

This child is confined to the home/hospital and cannot attend school for any part of the school day/week. Yes No

Estimated Duration of medical condition or need for homebound services

_____/_____/_____
Month Day Year

Periodic updates are necessary to support continued homebound instruction.

III. To be completed by School Nurse Consultant prior to submitting to Homebound Instruction Assistant

Sufficient medical information has been provided to support this request. Yes No

If not, I have contacted the medical provider and have additional information (please describe or include additional notes)

I support this request for homebound instruction. Yes No

If not, what alternatives are suggested for in-school accommodations?

Date to be reviewed_____

School Nurse Consultant Signature_____ Date_____

IV. Attach IEP or 504 Team Review and Summary (for IEP or 504 students) Date of Review _____

Description of disability _____

Rationale for Homebound Instruction _____

** Special Education team: Attach addendum, related services page, and the LRE page from the IEP meeting recommending Homebound services. 504 team: attach 504 team summary from the meeting recommending Homebound services.*

V. Request reviewed by SPED or 504 Coordinator, as applicable

Signature _____ Date _____

VI. Specific Prioritized Subject Areas to be taught/BVSD Standards that apply (Since Homebound is a short-term tutoring service, please limit the number of subject areas.)

Subject _____ Standard (s) _____

Subject _____ Standard (s) _____

(Classroom teacher will provide assignments, materials, and books to the Homebound teacher and is responsible for grades.)

VII. Request reviewed by School Principal

Signature _____ Date _____

VIII. Homebound Instruction Information (To be completed by Homebound Assistant)

Date application and other appropriate paperwork received by Special Ed Department _____

Homebound Teacher assigned _____ Date accepted assignment _____

Date Assignment to begin _____ Number of hours approved per week _____

Location of instruction (if other than home) _____

Date *Homebound Instructional Information* form sent to school _____

Date (s) *Progress/Termination Reports* sent to school _____

Please fax this form to Helen Jablan, Homebound Services Assistant, Special Education Department, at (303) 447-5142. For additional information, call Helen at (303) 447-5183.