

Fort Hill Community School  
Guide to  
Homebound/Home-based Services

The Virginia Board of Education through the regulations establishing Standards for Accrediting Public Schools in Virginia requires that:

“Homebound instruction shall be made available to students who are confined at home or in a health care facility for periods that would prevent normal school attendance based upon certification of need by a licensed physician or licensed clinical psychologist. For students eligible for special education or related services, the Individualized Education Program committee must revise the IEP, as appropriate, to direct off-site instruction. Credit for the work shall be awarded when it is done under the supervision of a teacher licensed by the Board of Education and meets the requirements of 8 VAC 20-131-110.

Schools are encouraged to pursue alternative means to deliver instruction to accommodate student needs through emerging technologies and other similar means. Standard units of credit shall be awarded for successful completion of such courses when the course is equivalent to that offered in the regular school program and the work is done under the supervision of a licensed teacher. Verified units of credit may be earned when the student has successfully completed the requirements and passed the SOL test associated with the course. The local school board shall develop policies governing this method of delivery of instruction that shall include the provisions of 8 VAC 20-131-110 and the administration of required SOL tests prescribe by 8 VA 20-131-30.”

This handbook has been developed to provide guidance for Lynchburg City Schools in the provision of homebound and home-based instructional services.

Homebound and Home-Based Instruction  
Fort Hill Community School  
1350 Liggates Rd.  
Lynchburg, VA 24502  
(434)515-5150  
(434)522-2322 – fax

## Table of Contents

Introduction.....	4
Definition of Home-based and Homebound Services.....	4
Overview of Services.....	4
Goal of Homebound/Home-based Services.....	5
Program Limitations of Homebound/Home-based Services.....	5
Hours of Homebound/Home-based Instruction.....	5
Instructional Guidelines for Homebound/Home-based Services.....	7
Eligibility for Homebound Services – (Medical).....	8
Implementation of Homebound Services.....	9
Different Types of Homebound Services.....	9
Timeline of Homebound Services.....	10
Procedures for Obtaining Homebound Instruction Services.....	11
Extension of Homebound Instruction.....	12
Truancy and Suspension of Homebound Services.....	12
Termination of Homebound Services.....	12
Eligibility for Home-based Instruction (non-medical).....	12
Implementation of Home-based Services.....	13
Responsibilities and Expectations.....	13
Parental Responsibilities.....	13
Student Responsibilities.....	15
Request for Homebound Instruction (HB-1).....	16
Homebound Instruction Medical Certification of Need (HB-2).....	17
Cover Letter for Homebound Instruction Medical Certification of Need HB-2 (HB-2A).....	19
Homebound Instruction Notification to Homebound Instructor (HB-3).....	20
Homebound Instruction Notification to Parent/Guardian (HB-3A).....	21
Homebound Instructional Schedule (HB-4).....	22
Responsibilities of Parent/Guardian and Students (HB-5).....	23
Homebound Services Termination – Teachers (HB-6).....	25
Homebound Program – Progress Report (HB-7).....	26
Recommendation for Termination of Homebound Instruction (HB-8).....	27
Cover Letter for Recommendation for Termination of Homebound Instruction (HB-8A).....	28
Request for Extension of Homebound Instruction (HB-8B).....	29
Request for Meeting with Homebound Teacher (HB-9).....	30

Bi-Monthly Report of Student Attendance (HB-10).....	31
B-Monthly Payroll Report (HB-11) .....	32
Homebound Teacher Application.....	32

## **Homebound/Home-based Services**

### **Introduction**

Lynchburg City Schools (LCS) has a responsibility to meet the educational needs of children who are confined to their homes because of illness, injury, pregnancy, or emotional difficulties. Frequently, these children are unable to attend school for an extended period of time. Homebound instruction enables such children to continue their educational program while confined at home. Educational and physical modifications may be attempted before students are placed on homebound instruction.

Questions about Homebound/Home-based instruction may be directed to the Fort Hill Community School at (434)515-5150.

### **Definition of Home-based and Homebound Services**

*Homebound services* may be provided to students who are confined to the home or a health care facility and are unable to attend school based upon certification of need by a licensed physician, psychiatrist, or licensed clinical psychologist.

*Home-based services* is determined by the student's Individualized Education Program (IEP) team or by the Director of Student Services for discipline related reasons. Students who have been charged with "certain" charges as indicated in VAC 16.1-260G may receive home-based services until charges are reviewed and resolved.

### **Overview of Services**

Homebound services are available to all students who are enrolled in Lynchburg City Schools. The program is designed to provide continuity of educational services between the classroom and home setting for students whose medical needs, both physical and psychiatric, preclude school attendance. It may also be used to supplement the classroom program for health-impaired children whose conditions may interfere with consistent attendance (e.g., students receiving dialysis, chemotherapy, or radiation treatments) or for children with disabilities that prevent regular school attendance. Students must be enrolled in a public school in Virginia in order to receive homebound instruction.

Homebound instruction is temporary and is not intended to supplant school services. While no specific number of days can be set due to the many complex health issues which may arise, the goal is always to return the student to the school setting as soon as possible. The inability to attend school must be certified by a licensed physician, psychiatrist or a licensed clinical psychologist. The base school and the homebound instructor are responsible for monitoring the student's progress and for making sure that a plan for the student's return is prepared. Please note that homebound instruction is for core courses only. Work will not be provided for elective classes unless extenuating circumstances warrant an exception.

Home-based services may be approved for students enrolled in Lynchburg City Schools. Participation in this program is determined by a student's Individualized Education Program

(IEP) team. In addition the Director of Student Services may also recommend services for students for discipline related reasons.

Like Homebound instruction, Home-based services are temporary and are not intended to replace school services. While no specific days may be set due to each student's unique circumstances, the goal is to return the student to the school setting as soon as possible. The base school, homebound instructor, and IEP team (when applicable) are responsible for monitoring the student's progress and for making sure that a plan for the student's return is prepared. Please note that Home-based instruction is for core courses only. Work will not be provided for elective classes unless extenuating circumstances warrant an exception.

Homeschool instructional services are handled in the office of Student Services and are unrelated to the services covered in this manual.

### **Goal of Homebound/Home-based Services**

The ultimate goal of Homebound/Home-based services is to provide quality instruction for a short period of time to keep the student current with core content instruction, and facilitate the student's return to the classroom setting.

### **Program Limitations of Homebound/Home-based Services**

While Homebound/Home-based instruction is helpful to students whose illnesses and disabilities preclude school attendance for a period of time, it has limitations. Students who are injured or whose illnesses make it difficult for them to complete assignments independently, may fall behind in their work. Classroom instruction, given in the form of lecture, laboratory research and media presentations, may not be possible to replicate in the home setting.

Students may not be able to complete requirements for certain classes while receiving Homebound/Home-based instruction. These include classes requiring specialized equipment and direct student participation such as technical center work/study programs, computer classes, technical classes, certain fine arts, and physical education programs. Homebound/Home-based teachers are only allowed to teach core content courses unless there are extenuating circumstances with the approval of the Program Leader located at Fort Hill Community School. Parents are encouraged to work closely with school personnel to make program choices that will ensure the success of their students who require Homebound/Home-based instruction.

Upon approval, the Homebound/Home-based teacher in conjunction with the classroom teacher will determine the appropriate starting point. The parent(s) and the student should contact the base school to make arrangements to complete work assigned prior to the implementation of Homebound/Home-based services. If you have any questions regarding the materials in the manual please contact the Coordinator of Secondary Alternative Education (434-515-5150).

### **Hours of Homebound/Home-based Instruction**

Homebound instruction is designed so the student does not fall significantly behind during the period of confinement. It is necessary for the student to participate in the instructional process

and complete assignments. Homework should be expected. Not all work will be completed in the presence of the homebound teacher. Every effort will be made to ensure academic progress; however, course credit must still be **earned** according to class requirements. Priority will be given to core academic subjects. Specialty classes (i.e., those requiring labs, special facilities or equipment) may not be comparable. Elective courses are not guaranteed (see **Figure 1**).

**Figure 1**

<b>Homebound Instruction IS:</b>	<b>Homebound Instruction IS NOT:</b>
<ul style="list-style-type: none"> <li>• <b>Designed so that the student does not fall significantly behind during the period of confinement</b></li> <li>• <b>Interactive; the student is expected to participate in the instructional process and complete assignments</b></li> <li>• <b>Expected to include homework</b></li> <li>• <b>Intended to make every effort to ensure academic progress</b></li> <li>• <b>Intended to provide priority to core academic subjects</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Intended to supplant school services</b></li> <li>• <b>Expected to have all work completed in the presence of the homebound teacher</b></li> <li>• <b>A substitute for course credit that must be earned according to class requirements</b></li> <li>• <b>A guarantee that specialty classes (i.e., requiring labs, special facilities or equipment) will be comparable</b></li> <li>• <b>Automatically inclusive of elective courses</b></li> <li>• <b>A guarantee of on-time graduation; all diploma requirements must be met for graduation</b></li> </ul>

The following represents the minimum hours of instruction to be provided. These hours may not be applicable in all instances (i.e., for students with IEPs, the IEP Team determines the hours required in accordance with the student’s educational needs).

1. Elementary school students – one hour per day
2. Middle school students – eight hours per week
3. High school students – two hours per core academic subject per week; other accommodations on an individualized basis

The program for Homebound/Home-based instruction follows the calendar for the regular school year. Homebound/Home-based teachers are not permitted to meet with students during school breaks, holidays, or on days when inclement weather forces the closing of schools. Students receiving homebound service at the end of the school year must complete the requirements for classes (including exams) before the close of school so that classroom teachers can submit grades and collect instructional materials.

## **Instructional Guidelines for Homebound/Home-based Services**

The goal of Homebound/Home-based instruction is to provide quality instruction for a temporary period of time, while facilitating the student's return to the school setting.

1. Homebound instruction must be conducted between the hours of 8:00 AM to 8:00 PM. Monday through Friday.
2. No instruction will be conducted on LCS student holidays or days that students would normally be out of school due to inclement weather.
3. Homebound instruction should be conducted in the student's home. A responsible adult, 18 years of age or older, must be present at all times when the homebound teacher is in the home providing instruction. The Coordinator of Secondary Alternative Education may approve alternate locations in special circumstances. Alternate locations must be in the city of Lynchburg and may include public buildings such as libraries, community centers, etc. Permission must be secured in writing from the Coordinator of Secondary Alternative Education at Fort Hill Community School before the change in venue is made.
4. The number of hours of instruction will be based on a student's schedule and the decision of school personnel. Elementary school students are permitted five hours of instruction per week. Middle school students are permitted eight hours of instruction per week. High school students are permitted ten hours of instruction per week.
5. Students enrolled in online courses are allowed to continue to participate in their online courses during Homebound/Home-based placement. The student must have his/her own access to the internet and they must possess their own computer.
6. The student's participation in school related extracurricular activities and non-academic activities will not be allowed without written permission from the student's physician, psychiatrist or clinical psychologist and approved by the Superintendent when the student receives homebound or home-based placement.

## **Eligibility for Homebound Services – (Medical)**

Eligibility for homebound instructional services should be a collaborative decision between the treating health care provider, parent/guardian, and school personnel. Prior to requesting homebound services, the parent/guardian should explore options for school-based instruction with school personnel. If homebound services are needed, approval of services is based upon a completed medical certification of need (HB-2).

The medical certification of need is the health care provider's documentation of the student's illness, treatment plan, and the estimated length of recovery time. The certification must be fully completed, **including** parental permission to contact the treating physician or licensed clinical psychologist, in order for the student to be considered for homebound services. The base school compiles the packet of documentation to apply for homebound instruction. The Coordinator of Secondary Alternative Education at Fort Hill Community School reviews all requests for homebound services for completeness of information and determines the appropriateness of the request. School personnel will follow up with the treating physician or licensed clinical psychologist to clarify the need for homebound instruction versus school-based instruction with appropriate accommodations, as necessary. Homebound services are for student illness/injury only; services are not appropriate to compensate for absences related to family care or illness.

Requested homebound instruction for students receiving special education services shall be subject to review by the student's Individualized Education Program (IEP) team pursuant to the *Individuals with Disabilities Education Act*. As part of its review and determination of a change in placement, the IEP Team must review the approved medical certification of need for homebound instruction and determine the appropriate placement for the student based on the student's educational needs. Parental consent must be obtained to amend the IEP, prior to initiation of homebound services.

If the IEP Team determines that homebound services are appropriate, the team must include language in the IEP that clearly defines the time period for the frequency and duration of the homebound services. The IEP may also include a statement that the IEP Team will reconsider the need for continuation of services by a specified date. The IEP Team should add a statement that addresses the fact that these services are temporary and thus do not constitute a permanent change in placement and are not the "stay put" placement should the IEP Team and parents later disagree over the continuation of homebound services.

Since homebound instruction is not intended to supplant school services, if it is necessary to extend homebound instruction beyond the initial time frame or longer than a nine week calendar period, a transition plan (HB-8B) completed by the physician or licensed clinician is required outlining the following:

1. Name of the student
2. Justification of the extension of homebound instruction
3. Additional time homebound instruction is anticipated
4. Specific steps planned to return the student to classroom instruction



5. Changes in amount and kind of activity for the student during extended homebound instruction
6. Signature, date, office address, and phone number

### **Implementation of Homebound Services**

In Lynchburg City Schools (LCS) a student is recommended for temporary homebound instruction in the following ways:

A medical doctor requests homebound services due to a student's physical condition and his/her inability to attend school. The parent or guardian must submit the completed Medical Certification of Need (HB-2) form to the student's home school. The base school administration will then put together a homebound packet with the following completed forms:

- HB-1 – Request for Homebound Services
- HB-2 – Medical Certification of Need
- HB-2A – Cover letter to physician
- SOL Testing
- IEP accommodations page (when applicable)

The base school will submit the packet to the Coordinator of Secondary Alternative Education at Fort Hill Community School. The Coordinator will review the packet, and then approve or deny the application.

A licensed clinical psychologist or a psychiatrist requests homebound services due to a student's emotional disorder and his/her ability to attend school. The Medical Certification of Need (HB-2) form must be signed by the licensed clinical psychologist or psychiatrist and submitted to the base school. This information must be included with the packet of information that is provided to the student's base school and then forwarded to the Coordinator of Secondary Alternative Education. The Coordinator will review the packet, sign that it was received, and then approve or deny the application.

### **Different Types of Homebound Services**

**Full Time** – Homebound services are provided on a full-time basis when the student is confined at home or in a health care facility for a short period of time that would prevent school attendance. The student does not attend school for a designated period and receives all instruction at home.

**Partial** – Homebound services can be provided on a part-time basis for students that cannot tolerate or endure a full day in a classroom setting. If a student receives homebound services on a partial basis the student would attend school each day for a set number of hours or specific classes. The Medical Certification of Need (HB-2) form must provide detailed supporting evidence of the student's medical condition as it impacts full day school attendance. These arrangements would be discussed further with the school counselor based upon the student's daily course schedule.

Intermittent – Homebound services can be provided on an intermittent basis when approved by the Coordinator of Secondary Alternative Education. Virginia Department of Education policy states that children receiving homebound services must be confined in the home or a healthcare facility. Therefore, to receive intermittent homebound services the student must be diagnosed with a chronic illness. The “Medical Certificate of Need” (HB-2) form and treatment plan must clearly define the student’s illness and pre-define triggers that would necessitate short and frequent periods of time away from school.

Intermittent homebound services are initiated after three consecutive days of student absences related to the medical condition necessitating homebound services. The parent must contact the school each day the student is absent. The parent/guardian and designated school staff must contact the Coordinator of Secondary Alternative Education on the third day the student is absent.

The process for initiating homebound services (securing a teacher, contacting the school, etc.) will begin on the fourth consecutive day of the student’s absence. The Coordinator of Secondary Alternative Education does not guarantee that homebound services will begin immediately on the fourth day of the student’s absence, due to the process required in initiating homebound services. Intermittent homebound services will cease on the day the student returns to school for a full day. Any subsequent intermittent homebound service will be initiated again after the three-day absence period.

If the home setting is not deemed appropriate for instruction and the student’s condition allows, homebound instruction may take place at the school, public library, or other agreed upon location.

### **Timeline of Homebound Services**

Applications for homebound instruction shall be reviewed and are subject to an approval process. Approval of students for homebound instruction is based upon review of the medical documentation submitted. The Coordinator of Secondary Alternative Education may contact the treating physician, psychiatrist, or licensed clinical psychologist to determine the appropriateness of the request and to clarify the need for homebound instruction versus home-based instruction with appropriate accommodations if necessary.

In Lynchburg City Schools, homebound requests are approved for a maximum period of nine weeks. Homebound instruction is temporary and placements are not to exceed nine weeks. Should an illness preventing school attendance extend past nine weeks, a new Medical Certification of Need (HB-2) form must be completed, providing updated information regarding the student’s illness. In addition an Extension of Homebound Services (HB-8B) form must be included outlining a plan and a timeline to return the student to school.

The start of homebound services will be the date the Coordinator of Secondary Alternative Education assigns a teacher and sends out official notifications. Per Virginia Department of Education (VDOE) policy, the Coordinator of Secondary Alternative Education is allotted five

business days to complete the case setup and assignment process once the packet is received and approved from the base school. The start date and end date of services will be listed in a letter sent to the parent/guardian.

Students eligible for homebound services due to pregnancy will receive six weeks of homebound services. Homebound services will begin one week after the date of delivery unless otherwise specified by a licensed physician on the Medical Certification of Need (HB-2) form.

Homebound services will not cover any of the student's previous time missed from school prior to the implementation of homebound services. Homebound teachers are not responsible for the student's completion of assignments for previous time missed.

Homebound services are aligned with the Lynchburg City Schools academic calendar and do not exceed beyond the last day of the school year. Students will remain on the roll of their base school for the duration of their homebound placement.

### **Procedures for Obtaining Homebound Instruction Services**

In order to obtain homebound instruction, the parent or guardian must obtain a copy of the Medical Certification of Need (HB-2) form. This form is available in all schools and can be obtained from the guidance counselor or from the Coordinator of Secondary Alternative Education. The form must be filled out completely, signed by the attending physician or licensed psychologist or psychiatrist, and the parent before being returned to the base school for completion and review. The base school will then complete all supporting documentation and then forward the complete packet to the Coordinator of Secondary Alternative Education for review and a decision will be made to approve or deny the homebound application. Prescriptions, notes, and letters from physicians or clinical psychologists will not be accepted in lieu of the Medical Certification of Need (HB-2) form. A detailed treatment plan from the physician, psychiatrist or licensed clinical psychologist should be included with referrals for students suffering from emotional disorders.

Homebound instruction will not be approved until all proper documentation has been received from the student's base school. The base school is responsible for providing the parent or guardian with the Medical Certification of Need (HB-2) form. This form must be filled out completely, signed by physician, psychiatrist or clinical psychologist, and parent before the form is returned to the school. The guidance counselor is responsible for notifying school administration and for contacting the Coordinator of Secondary Alternative Education at Fort Hill Community School when it is known that a student needs homebound instruction. Written notification of approval (HB-3A) will be provided to the parent with a copy sent to the base school.

- School Counselor provides the Medical Certification of Need (HB-2) form and cover letter (HB-2A) to the parent;
- Parent takes the medical form to the physician, psychiatrist, or clinical psychologist;
- Doctor or licensed clinical psychologist completes Medical Certification of Need (HB-2) form;

- Parent signs the Medical Certification of Need (HB-2) form and returns all paperwork to the base school;
- School Counselor completes the Request for Homebound Instruction (HB-1) by including the student’s schedule along with SOL testing and accommodations page;
- Case Manager will provide an addendum to the IEP indicating that homebound services will be needed and provide a copy of the addendum and any accommodations, when applicable.
- Base school administrator signs the Request Form for Homebound Instruction (HB-1) and forwards all documentation to Fort Hill Community School.

The base school administrator has two school days from the receipt of all of the completed forms from the parent to forward the completed request for homebound services and supporting documents to the Coordinator of Secondary Alternative Education. Written notification of approval will be provided to the parent by the Coordinator of Secondary Alternative Education with a copy sent to the base school. Homebound services will begin within five school days of approval of a completed homebound request packet.

### **Extension of Homebound Instruction**

Extension of homebound instruction is determined on the basis of medical information submitted by the attending physician, psychiatrist, or licensed clinical psychologist. The homebound teacher will assist the student, family, and school with the student’s transition back to school. However, other support staff, such as the school nurse, school guidance counselor, or school psychologist, may be more appropriately assigned to the student for transitional purposes depending on the nature of the student’s needs.

### **Truancy and Suspension of Homebound Services**

Students receiving homebound services are subject to all LCS policies regarding attendance. The Coordinator of Secondary Alternative Education may institute a suspension in services if the student exhibits excessively missed appointments with the homebound teacher. Students with 5 unexcused absences will be notified by letter and a conference will be scheduled. Students with 7 unexcused absences will be referred to the Truancy Center. In addition services may be suspended until alternate arrangements are secured.

### **Termination of Homebound Services**

If a student is able to return to school before the scheduled end date, the Coordinator of Secondary Alternative Education must receive a medical release from the referring physician, allowing the student to return to school. The homebound teacher will then return all complete and incomplete assignments to the Coordinator of Secondary Alternative Education or to the student’s base school if appropriate.

### **Eligibility for Home-based Instruction (non-medical)**

“Home-based instruction” is determined by the student’s Individualized Education Program (IEP) team or by the Director of Student Services for discipline related reasons. Students who

have been charged with “certain” charges as indicated in VAC 16.1-260G may receive home-based services until charges are reviewed and resolved. Non-medical placement for home-based instruction may be authorized under the following conditions:

1. For students waiting for a disciplinary panel hearing;
2. For students who have been expelled by the LCS School Board;
3. For students placed on long term suspension by the LCS School Board following a panel hearing;
4. For students whose IEP teams have determined that the least restrictive environment for a student is home-based instruction.

For a student receiving special education services, the Individualized Education Program (IEP) team must revise the IEP to determine how the student’s instructional needs will be met while on home-based instruction. Written parental consent must be obtained prior to initiating home-based services. All non-medical requests must be approved in advance and will be reviewed by the Coordinator of Secondary Alternative Education at Fort Hill Community School and by a special education representative from central office.

Home-based instruction is temporary and is not intended to supplant school services. Please note that home-based instruction is for core courses only. Work will not be provided for elective classes unless extenuating circumstances warrant an exception.

### **Implementation of Home-based Services**

An Individualized Education Program (IEP) team determines that home-based services are appropriate on a temporary basis. When it is anticipated that this option will be considered, a special education representative from central office must be present at the IEP meeting.

The Director of Student Services may request Home-based instruction for disciplinary reasons and must provide the information to the Program Leader located at Fort Hill Community School.

### **Responsibilities and Expectations**

#### **Parental Responsibilities**

The student and parent/guardian are expected to work cooperatively with the base school and assigned Homebound/Home-based teacher. The responsibilities of the parent/guardian regarding Homebound/Home-based instruction are as follows:

- Complete all necessary paperwork for the student to receive Homebound/Home-based instruction. Homebound/Home-based instruction cannot begin until all necessary paperwork is properly completed and returned to the student’s guidance counselor and then processed by the Coordinator of Secondary Alternative Education;
- Provide an environment conducive to learning (e.g. quiet area, clean space, well-ventilated place with proper lighting). All televisions and electronic devices should be kept off and other children, visitors, and pets should be kept out of the room during instruction. There should be no smoking in the home while the homebound teacher is present;

- Ensure that a responsible adult is present in the home or at alternate location when the Homebound/Home-based teacher is working with the student to ensure a healthy and safe environment for both the student and teacher. Teachers will not be permitted to remain in the home or the alternate location with the student if there is not a responsible adult present. If a teacher is forced to leave due to lack of adult supervision, it will be considered an unexcused absence for the student and the hours missed will not be made up;
- Notify the Homebound/Home-based teacher, prior to the scheduled visit, if there is a contagious illness in the home or if there is an emergency resulting in the student's unavailability;
- Supervise daily homework;
- Establish a schedule for the student to study between the Homebound/Home-based teacher's visits;
- Cooperate with the Homebound/Home-based teacher in seeing that the student completes required assignments and monitor and encourage the child to plan his or her time in order to accomplish assigned work;
- Notify Coordinator of Secondary Alternative Education of excessively missed appointments or tardiness by the homebound teacher;
- Keep all appointments with the Homebound/Home-based teacher as arranged. The parent or guardian should contact the homebound teacher to cancel the appointment in case of an emergency. Excessive cancelation of appointments may result in the inability of the student to earn credit or be promoted and may also result in the suspension of the service. If the student is absent for his or her scheduled period of instruction, he or she is considered absent from school on that day. Missed hours will only be "made up" by the instructor if the hours missed are considered an excused absence per LCS policy as if the student was attending school in a school building; or if the Homebound/Home-based teacher is unavailable due to absence.
- If possible schedule any and all medical appointments during hours that do not impede with the regular scheduled instructional time;
- Provide doctor, hospital, clinic, counseling, court notes for any absence. Absences not due to medical or legal issues require a note from the parent/guardian explaining the reason for the absence.
- Communicate with the homebound teacher about changes in the child's health status or other concerns;
- Understand that the state's compulsory attendance laws fully apply to homebound students;
- Communicate with Coordinator of Secondary Alternative Education about changes in the child's health and return-to-school plans. Work with the school to set reasonable goals and to make any necessary changes to the student's instructional program as necessitated by the student's physical or psychiatric condition;
- Sign the Homebound/Home-based teacher's time sheet and student's attendance sheet, which logs the hours and days that the teacher has worked with the student;

- Make arrangements with the classroom teacher to complete any work missed prior to the approval of Homebound/Home-based instruction.

### **Student Responsibilities**

- Be available for scheduled instruction;
- Be dressed appropriately;
- Have all books and materials needed for instruction; Ask for assistance or clarification needed to complete assignments;
- Complete homework assignments;
- Remain courteous, comply with teacher requests, and use appropriate language;
- Dedicate instructional time for instruction only (no phone calls, visits, radio, or television);
- Have a quiet area suitable for instructional purposes;
- Return completed assignments to Homebound/Home-based teacher when due;
- Notify Homebound/Home-based teacher in advance if a scheduled session needs to be cancelled.

**FORT HILL COMMUNITY SCHOOL - REQUEST FOR HOMEBOUND INSTRUCTION**  
**Coordinator of Secondary Alternative Education**  
**Office (434)515-5150 Fax (434)522-2322**

Date: \_\_\_\_\_, 20\_\_\_\_ Person completing HB-1\_\_\_\_\_

School: \_\_\_\_\_ LCS Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_  
First Middle Last

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

General Education: \_\_\_ Yes \_\_\_ No 504 Plan: \_\_\_ Yes \_\_\_ No

Special Education\*: \_\_\_ Yes \_\_\_ No  
 (\*If Yes; please attach the following: Present Level of Performance/Accommodations/Services)

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

**PLEASE LIST HOMEBOUND COURSE SCHEDULE AND CURRENT GRADE IN THE CHART BELOW**  
If the student is a SENIOR, please list mandatory subjects required for graduation.

First Semester			Second Semester		
Course #	Course Name	Numerical Exit Grade (If Applicable)	Course #	Course Name	Numerical Exit Grade (If Applicable)

- PLEASE CHECK INFORMATION THAT APPLIES:
- \_\_\_ All Courses assigned from base School (Please attach a schedule)
  - \_\_\_ All Courses assigned from Fort Hill Community School
  - \_\_\_ Courses assigned by base school AND Fort Hill Community School
  - \_\_\_ School Counselor has notified Attendance that an completed Homebound packet has been submitted to Homebound Program
- Does the student have access to a phone in the home? YES \_\_\_ NO \_\_\_
- Does the student have access to the internet in the home? YES \_\_\_ NO \_\_\_
- Does the student have an LCS Chromebook? YES \_\_\_ NO \_\_\_

\_\_\_\_\_  
 School Counselor Signature Date Principal/Designee Signature Date



**LYNCHBURG CITY SCHOOLS**  
**FORT HILL COMMUNITY SCHOOL – HOMEBOUND PROGRAM**  
 1350 LIGGATES RD., LYNCHBURG, VA 24502  
 PHONE: (434)515-5150 FAX: (434)522-2322

**Homebound Instruction Medical Certification of Need**

Homebound instruction shall be made available to students who are **confined** at home or in a health care facility for periods that would prevent normal school attendance (8VAC20-131-180). The term “**confined at home or in a health care facility**” means the student is unable to participate in the normal day-to-day activities typically expected during school attendance; and, absences from home are infrequent, for periods of relatively short duration, or to receive health care treatment. Students receiving homebound instruction may not work or participate in extra-curricular activities, non-academic activities (such as field trips), or community activities unless these activities are specifically outlined in the students medical plan of care or the Individualized Education Program (if applicable).

**To be completed by the licensed physician or licensed clinical psychologist\* providing care to the student for the condition for which services are requested.**

1. Name of Student: \_\_\_\_\_
2. Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_
3. Nature and extent of illness: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Date of examination or diagnosis of this illness: \_\_\_\_\_
5. Is the student confined at home or in a health care facility?  YES  NO
6. Could this child attend school if accommodations are made by the school?  YES  NO  
 If yes, please list the accommodations required. If no, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Estimated date of return to school: \_\_\_\_\_
8. Explain ongoing treatment and/or therapy being provided: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Frequency of treatment: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Licensed Physician/Clinical Psychologist** **Date**

\_\_\_\_\_  
**Print Physician/Psychologist Name** **Telephone Number**

\_\_\_\_\_  
**Office Address** **City, State and Zip Code**

Students may receive instruction in the home, a health care facility, or any other approved facility as agreed upon by the school division and parent or student who has reached the age of majority (eligible student).

If it is necessary for homebound instruction to continue beyond nine weeks, an extension or re-authorization form, including treatment plan, progress towards treatment goals, and specific plans to transition the student back to the school setting, will be required.

**To be completed by the parent/guardian or eligible student.**

Name of Parent/Guardian or Eligible Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Acknowledgement/Release:** I acknowledge this request and agree with the need for homebound services. I further acknowledge that the requested homebound services for students receiving special education services shall be subject to review by the student’s IEP team pursuant to the *Individuals with Disabilities Education Act*. I will provide an environment conducive to learning, ensure that a responsible adult is in the home for the duration of instruction, or provide transportation to another agreed upon facility. I will keep appointments with the homebound teacher or contact the teacher or homebound coordinator if an appointment must be missed.

I understand that the local school division has established policies and procedures for homebound instruction that provide more detail than this certificate of need.

By my signature, I authorize the release and exchange of medical information between the health care provider, listed on the reverse side, or his/her designee, and school division personnel. My signature provides the health care provider(s) with the authorization necessary to disclose protected health information and records regarding said student as it pertains to the condition for which homebound instructional services are being requested. This authorization may be withdrawn at any time in writing.

**Please note: This form, including parental permission to contact the treating physician or psychologist, must be fully completed in order for the student to be considered for homebound services. If you have questions about completing this form, please contact: Fort Hill Community School – Homebound Program: Phone: (434)515-5150; Fax (434)522-2322.**

\_\_\_\_\_  
**Signature of Parent/Guardian or Eligible Student**                      **Date**

\* The *Code of Virginia* § 54.1-2957.02 states “whenever any law or regulation requires a signature, certification, stamp, verification, affidavit or endorsement by a physician, it shall be deemed to include a signature, certification, stamp, verification, affidavit or endorsement by a nurse practitioner.”



LYNCHBURG CITY SCHOOLS

HB-2A

Date: \_\_\_\_\_

Dr. \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

**Subject:** Homebound Instruction for \_\_\_\_\_

Dear Dr. \_\_\_\_\_:

Homebound instruction has been requested for \_\_\_\_\_. Please complete the enclosed form for this student and return it to me in the enclosed self-addressed, stamped envelope or give it to the parent to return to me. Please include the anticipated length of time this student will be unable to attend school. If you feel that this student **can** attend school, please indicate this on the form.

If there are any questions or extraordinary circumstances, please contact me at (434) \_\_\_\_\_ or fax at (434) \_\_\_\_\_.

Thank you for your assistance.

Sincerely,

Name:

Title:

Enclosure: HB-2 Medical Certification of Need



**HOMEBOUND PROGRAM - NOTIFICATION TO HOMEBOUND INSTRUCTOR**

Date:

Teacher: (h) 434- (w) 434- (c) 434-

Address: Email:

Student: Parent/Guardian:

Address:

Phone: (h) (w) (c)

School: Teacher/Counselor: Grade: K 1 2 3 4 5 6 7 8 9 10 11 12

Approximate Start Date:

Probable Length of Time Student will be Homebound:

Number of Hours of Homebound Instruction per week: 5 8 10 other \_\_\_\_\_

GENERAL INSTRUCTIONS:

1. Homebound instruction is offered for \_\_\_\_\_ hours per week at \$26.00 per hour. (Exceptions in the case of certain high school students must receive individual approval).
2. Homebound instruction is offered from 8 am – 8 pm Monday through Friday and follows the LCS academic calendar. No services are provided on: weekends, holidays, or days when school is closed for weather/emergency.
3. LCS PAYROLL POLICY requires that you turn in your payroll report **when due**. Use attached copies of the bi-monthly attendance report and the bi-monthly payroll report to be used for recording homebound services. Please record time in hours and quarter hours, not in minutes.
4. LCS PAYROLL POLICY sets ALL payroll deadlines. ALL attendance and payroll reports must be returned to: Homebound Program at Fort Hill Community School, no later than the 16<sup>th</sup> day of each month and the 1<sup>st</sup> workday of the following month. DO NOT SEND THROUGH SCHOOL MAIL. Checks are deposited on the 15<sup>th</sup> and 30<sup>th</sup> of each month.
5. Books, teacher manuals, equipment, materials, etc. for homebound students should be secured either from the Homebound Program or the school to which the student is assigned.
6. Please inform Fort Hill Community School - Homebound Program at 515-5150: when homebound instruction has begun, any student absences, termination of homebound services, and any change of address and/or location of services.
7. If you have any questions, please refer to the *Homebound Manual* or feel free to call the Homebound Program at 434-515-5150.



**HOMEBOUND PROGRAM - NOTIFICATION TO PARENT/GUARDIAN**

**Date:**

**To:** Teacher:

(h) 434-

(w) 434-

(c) 434-

**RE:** Homebound Student:

Parent/Guardian:

Address:

Phone:

School:

Grade:

Beginning date of homebound:

Ending date of homebound:

Number of hours of Homebound Instruction per week:      5      8      10      other \_\_\_\_\_

NOTE: Services will be provided according to the Lynchburg City Schools academic school year. Hours of instruction are from 8 am – 8 pm Monday – Friday. Homebound services are only provided in accordance with the dates listed in the approved HB paperwork. Parents will need to provide updated documents if an extension of services is requested.

**We do not provide services during summer break, weekends, closings due to weather or other emergencies, holidays, intercessions, or other LCS closures.**

COPIES TO:

- School Counseling Office
- Attendance Office
- FHCS-student file
- Parent/Guardian



**LYNCHBURG CITY SCHOOLS - FORT HILL COMMUNITY SCHOOL  
 HOMEBOUND INSTRUCTIONAL SCHEDULE**

Student: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Base School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian Phone(s): (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Address Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Dates of Homebound Instruction (From HB-3 and HB-3A):

From: \_\_\_\_\_ to: \_\_\_\_\_

\*Location of instruction (must be approved if different from home) \_\_\_\_\_

\*Any change in location must be requested in writing and approved by Coordinator of Secondary Alternative Education.

Homebound Teacher: \_\_\_\_\_

Homebound Teacher's Phone(s): (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

**STUDENT SCHEDULE (from HB-1)**

\_\_\_\_\_

\_\_\_\_\_

**STUDENTS ARE EXPECTED TO MEET 5 DAYS PER WEEK**

	Time of Day (8 am - 8pm)	# of Hours per Day (Max. hours per day: Elementary 1, MS 1.5, HS 2)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

After this form has been completed, please return to: Coordinator of Secondary Alternative Education, Fort Hill Community School, 1350 Liggates Road, Lynchburg, VA 24502

**FORT HILL COMMUNITY SCHOOL - RESPONSIBILITIES OF THE PARENTS/GUARDIANS AND STUDENTS FOR HOMEBOUND LEARNING INSTRUCTION**

1. Changes in home address must be reported immediately to Fort Hill Community School and student's base school by the parents/guardians.
2. In the case of Medical Homebound, request a **Homebound Instruction Medical Certification of Need (HB-2)** form from the student's base school guidance counselor. The **HB-2** form must be completed and signed by the student's physician or licensed clinical psychologist, and the parent/guardian before instruction can begin. If a student has an IEP an addendum needs to be included.
3. Arrange with the homebound teacher for an appropriate time and place for the teacher to work in the home with the student. There should be an area with a table, chairs and good lighting for instruction. There should be no distractions during instruction, such as, but not limited to: phone calls, interruptions from family and friends, music, TV, video games, etc. **There should be no smoking or pets in the instruction area due to possible allergic reactions and health issues.**
4. Teachers are **NOT** permitted to transport students at any time to any location; there are no exceptions.
5. Make sure that an awake adult is present in the home at all times during homebound instruction. The adult must be within the same general area in the home (i.e. same floor level) where instruction occurs.
6. Structure the student's day, including adequate sleep, to insure cooperation with the homebound teacher. The student should be ready to work at the scheduled instruction time. **Doctor appointments should not be scheduled during scheduled homebound instruction time.**
7. Students on homebound are expected to do homework daily. All homework and other completed assignments must be readily available and are due on the date assigned by teacher. Extensions for assignments are generally not allowed.
8. NO PORTABLE ELECTRONIC DEVICES of any kind are allowed in or around the study area during instruction time.
9. Notify the homebound teacher immediately if the student cannot meet at the regularly scheduled time. Parent will need to provide a note from a physician, clinical psychologist, medical facility, or court. Any other absence must have a note from the parent explaining the nature of the absence. Excessive absence may result in the student's suspension from homebound services, truancy review, and/or inability to earn credits or be promoted. After five unexcused absences, an appointment with the base school's principal will be necessary. A referral to a truancy officer will be sent after the seventh unexcused absence. **Teachers will notify FHCS of excessive absenteeism.**
10. Please sign the homebound teacher's bi-monthly timesheet and student attendance sheet at the end of each pay period.
11. Report any concerns or problems to Fort Hill Community School: **Coordinator of Secondary Alternative Education, 1350 Liggates Rd., Lynchburg, VA 24502, phone (434)515-5150.**
12. Notify the principal and homebound teacher **immediately** when the student is to return to school. Have the student's physician or licensed clinical psychologist complete the **Recommendation for Termination of Homebound Instruction (HB-8)** form and request that he/she return it to Fort Hill Community School.
13. If extensions for homebound instruction are necessary, new HB-1 and HB-2 forms as well as a **Request for Extension of Homebound Services (HB -8B)**, must be completed and submitted to the Coordinator of Secondary Alternative Education by the base school principal before homebound extensions are approved.  
**NOTE: Not all classes with laboratory emphasis, foreign languages, or electives can be offered through homebound services.**

\*\*\*We agree to support the above mentioned policies that address parent/student conduct, responsibilities and attendance. As a parent, I will work with my son or daughter to comply with these policies. As a student, I will work to comply with these policies. We understand that this represents a partnership between our home and Fort Hill Community School to provide quality education for all students.

\_\_\_\_\_  
**Parent/Guardian Name (print clearly)**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student Name (print clearly)**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Homebound Teacher Name (print clearly)**

\_\_\_\_\_  
**Teacher Signature**

\_\_\_\_\_  
**Date**





1350 Liggates Road  
Lynchburg, VA 24502  
(434) 515-5150 ■ Fax: (434) 522-2322  
www.lcsedu.net/schools/fhcs

**HOMEBOUND SERVICES TERMINATION**  
(Teacher)

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_

Base School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Homebound Instructor: \_\_\_\_\_ Phone: \_\_\_\_\_

\* \* \* \* \*

**TERMINATION**

**Date Instruction Terminated:** \_\_\_\_\_

**Progress Notes/Evaluation of Student's Instructional Period:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COPIES TO:**

School Counseling Office  
Attendance Office  
FHCS-student file



1350 Liggates Road  
Lynchburg, VA 24502  
(434) 515-5150 ■ Fax: (434) 522-2322  
www.lcsedu.net/schools/fhcs

HB-7

**HOMEBOUND PROGRAM - INTERIM PROGRESS REPORT**

(A copy of this form will be mailed to parent)

STUDENT NAME: \_\_\_\_\_

BASE SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

INTERIM REPORT FOR QUARTER:    1       2       3       4

DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

HOMEBOUND INSTRUCTOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**STRENGTHS**

**WEAKNESSES**

- Attends regularly
- Exhibits good attitude
- Uses class time wisely
- Completes assignments on time
- Completes homework well
- Does good, quality work
- Is showing improvement

- Attends irregularly
- Exhibits poor attitude
- Wastes time in class
- Does not complete class work on time
- Completes homework poorly
- Allows job/activity to interfere with course
- Appears unable to meet course requirements

**SUBJECT:** \_\_\_\_\_ **PROGRESS:** \_\_\_\_\_

**SUBJECT:** \_\_\_\_\_ **PROGRESS:** \_\_\_\_\_

**SUBJECT:** \_\_\_\_\_ **PROGRESS:** \_\_\_\_\_

**SUBJECT:** \_\_\_\_\_ **PROGRESS:** \_\_\_\_\_

**SUBJECT:** \_\_\_\_\_ **PROGRESS:** \_\_\_\_\_

**SUBJECT:** \_\_\_\_\_ **PROGRESS:** \_\_\_\_\_

**NUMBER OF DAYS ABSENT:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



1350 Liggates Road  
Lynchburg, VA 24502  
(434) 515-5150 ▪ Fax: (434) 522-2322  
www.lcsedu.net/schools/fhcs

**RECOMMENDATION FOR TERMINATION OF HOMEBOUND INSTRUCTION**

To: Physician or Licensed Clinical Psychologist

From: Homebound Program Fort Hill Community School

**When the student listed below is able to return to school, please complete the form and return it to the above address or fax to (434)522-2322. Thank you.**

Name of Student: \_\_\_\_\_ School \_\_\_\_\_

Student's DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

\* \* \* \* \*

Please be advised that it is no longer necessary for \_\_\_\_\_ to receive homebound instruction effective \_\_\_\_\_, 20 \_\_\_\_\_.

Upon returning to school, the following accommodations/limitations are recommended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Physician or Licensed Clinical Psychologist**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name of Physician or Licensed Clinical Psychologist**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone**



1350 Liggates Road  
Lynchburg, VA 24502  
(434) 515-5150 ■ Fax: (434) 522-2322  
www.lcsedu.net/schools/fhcs

HB-8A

Date: \_\_\_\_\_, 20 \_\_\_\_\_

Dr. \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Subject: Termination of Homebound Instruction for \_\_\_\_\_

Dear Dr. \_\_\_\_\_:

Homebound instruction has been requested and approved for \_\_\_\_\_. When you determine that this student is able to return to school, please complete the enclosed **Recommendation for Termination of Homebound Instruction (HB-8)** and return it in the enclosed self-addressed, stamped envelope or fax it to (434)522-2322. Please include any recommended special instructions, accommodations, or limitations of which the school should be made aware.

If there are any questions or extraordinary circumstances, please call me at (434)515-5150.

Sincerely,

Christen Rhodes  
Coordinator of Secondary Alternative Education

Enclosures



1350 Liggates Road  
Lynchburg, VA 24502  
(434) 515-5150 ▪ Fax: (434) 522-2322  
www.lcsedu.net/schools/fhcs

HB-8B

**REQUEST FOR EXTENSION OF HOMEBOUND INSTRUCTION**

Date of Request: \_\_\_\_\_, 20\_\_\_\_ (Copy of original HB-2 form must be provided)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Base School: \_\_\_\_\_

**Please note that a new HB-2 form signed by the physician/psychologist must be submitted with this form**

Date of most recent examination: \_\_\_\_\_, 20\_\_\_\_\_

Nature and extent of illness: \_\_\_\_\_

Justification of request for extension of homebound instruction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anticipated date of return to school (max. 9 weeks): \_\_\_\_\_, 20\_\_\_\_\_

Specific steps planned to return student to classroom instruction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Changes in amount and kind of activity for student during extended period of homebound instruction:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Licensed Physician/Clinical Psychologist**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Physician/Psychologist Name**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Office Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**



1350 Liggates Road  
Lynchburg, VA 24502  
(434) 515-5150 ▪ Fax: (434) 522-2322  
www.lcsedu.net/schools/fhcs

HB-9

**REQUEST FOR MEETING WITH HOMEBOUND TEACHER**

Date: \_\_\_\_\_, 20 \_\_\_\_\_

To: \_\_\_\_\_

From: Christen Rhodes, Coordinator of Secondary Alternative Education

Re: Meeting with Homebound Teacher to discuss instruction and materials for student

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Subject(s): \_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

The above named student has been placed on homebound instruction from \_\_\_\_\_, 20 \_\_\_\_\_ until \_\_\_\_\_, 20 \_\_\_\_\_. The Homebound Teacher assigned is \_\_\_\_\_. There will be a meeting on \_\_\_\_\_, 20 \_\_\_\_\_ at \_\_\_\_\_: \_\_\_\_\_ AM/PM in \_\_\_\_\_ to discuss instruction and materials for this student. Your coordination with the Homebound Teacher in providing a description of materials to be covered and the time frame for covering those materials, in conjunction with the Homebound Teacher, is necessary to ensure a continuity of educational services for this student.

Time frame for materials to be covered:  
From \_\_\_\_\_, 20 \_\_\_\_\_ until \_\_\_\_\_, 20 \_\_\_\_\_.

We greatly appreciate your cooperation and time in working with the Homebound Teacher in providing continuation of education for this student while he/she is out. The student's IEP (if appropriate) and previous week's lesson plans, handouts, worksheets, quizzes, tests, etc., or alternative assignments for this student needs to be collected and delivered to the Homebound Teacher at this meeting or as soon as possible thereafter to avoid additional delays in instruction. The Homebound Teacher will initiate weekly contact to exchange assignments (new and completed). Be prepared to set a weekly schedule for exchanging these assignments. It will be your responsibility to grade these assignments and to determine final grades as you would for your other students.

cc: School Counselor

**2019-2020 BI-MONTHLY REPORT OF STUDENT ATTENDANCE**  
**Submit to Homebound Program at Fort Hill Community School**

**Must be signed by teacher and parent/guardian. Be sure to attach all notes from doctor, clinician, medical facility, parent/guardian, etc. Payroll department deadlines are the 16<sup>th</sup> and the 1<sup>st</sup> of each month. BLUE OR BLACK INK ONLY - NO WHITE OUT**

Base School: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Homebound Teacher: \_\_\_\_\_

**Month:** \_\_\_\_\_

Circle P for Days Present; Circle A for Days Absent.

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
P	A	P	A	P	A	P	A	P	A
P	A	P	A	P	A	P	A	P	A
P	A	P	A	P	A	P	A	P	A
P	A	P	A	P	A	P	A	P	A
P	A	P	A	P	A	P	A	P	A

Total Days Absent\*: \_\_\_\_\_

Total Days Present: \_\_\_\_\_

*\*Please list reason for each absence and provide notes.*

***Teacher MUST contact Fort Hill Community School – Homebound Program at (434)515-5150 if a student misses 5 (five) unexcused days of scheduled school sessions.***

Date of Absence	Reason For Absence (Physician, Hospital, Parent notes must be attached)

**Teacher’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian’s Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LYNCHBURG CITY SCHOOLS  
MONTHLY PAYROLL REPORT HOMEBOUND INSTRUCTION TIME/TERMINATION**

LCS Payroll department requires that ALL Time Sheets be submitted on the **16<sup>th</sup>** and the **1<sup>st</sup> of each month**. Submit signed original to the Homebound Program, at FHCS. Do not send through inter-office mail or fax. Calculate in hours or fractions of hours, not in minutes.

**BLUE OR BLACK INK ONLY - NO WHITE OUT**

Report for month of \_\_\_\_\_ Year: \_\_\_\_\_ Name of Teacher: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Teacher's Employee No.: \_\_\_\_\_

Address: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Note: Hours charted reflect direct teaching time. Only original timesheet will be processed for payroll.**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Time in _____ Time out _____ Hours _____	Time in _____ Time out _____ Hours _____	Time in _____ Time out _____ Hours _____	Time in _____ Time out _____ Hours _____	Time in _____ Time out _____ Hours _____
Time in _____ Time out _____ Hours _____	Time in _____ Time out _____ Hours _____	Time in _____ Time out _____ Hours _____	Time in _____ Time out _____ Hours _____	Time in _____ Time out _____ Hours _____
Time in _____ Time out _____ Hours _____	Time in _____ Time out _____ Hours _____	Time in _____ Time out _____ Hours _____	Time in _____ Time out _____ Hours _____	Time in _____ Time out _____ Hours _____
Time in _____ Time out _____ Hours _____	Time in _____ Time out _____ Hours _____	Time in _____ Time out _____ Hours _____	Time in _____ Time out _____ Hours _____	Time in _____ Time out _____ Hours _____
Time in _____ Time out _____ Hours _____	Time in _____ Time out _____ Hours _____	Time in _____ Time out _____ Hours _____	Time in _____ Time out _____ Hours _____	Time in _____ Time out _____ Hours _____

Direct Teaching Time: \_\_\_\_\_ hours.

Planning Time: \_\_\_\_\_ hrs.

(max. 1 hour per 5 hours of direct teaching time)

Total Hours (including planning) \_\_\_\_\_.

Total \$ \_\_\_\_\_

**This is to verify that the recorded time on this form is correct. Timesheet must be signed and dated.**

_____ <b>Teacher's Signature</b>	_____ <b>Date</b>	_____ <b>Parent/Guardian's Signature</b>	_____ <b>Date</b>
-------------------------------------	----------------------	---	----------------------



**HOMEBOUND TEACHER APPLICATION**  
**2019- 2020**

If you are interested in providing Homebound Instruction to LCS students please complete and return to Fort Hill Community School.

TEACHER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_, 20 \_\_\_\_\_

ARE YOU EMPLOYED BY LYNCHBURG CITY SCHOOLS? Yes: \_\_\_\_ School: \_\_\_\_\_ No: \_\_\_\_

LCS ID#: \_\_\_\_\_ (Applicant must an LCS ID# have in order to process payroll)

ADDRESS: \_\_\_\_\_

HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_

EMAIL ADDRESS: (Please list LCS email if available): \_\_\_\_\_ @ \_\_\_\_\_

---

ARE YOU LICENSED TO TEACH IN THE STATE OF VIRGINIA? \_\_\_\_ YES \_\_\_\_ NO

EFFECTIVE DATES: \_\_\_\_\_ TO: \_\_\_\_\_ (Please attach a copy of your DOE License)

Please number 1 - 3, in order of preference, the grade levels you will teach:

Elementary \_\_\_\_ Middle \_\_\_\_ High \_\_\_\_

Please list endorsements and/or areas of expertise:

---

1. High School MATH Levels you can teach with ease: Algebra I \_\_\_\_ Algebra II \_\_\_\_ Geometry \_\_\_\_  
Trigonometry \_\_\_\_ Calculus \_\_\_\_ Math Analysis \_\_\_\_ Alg. Func./Data Anal. \_\_\_\_ AP Statistics \_\_\_\_

2. High School SCIENCE Levels you can teach with ease: Earth Science \_\_\_\_ Biology I \_\_\_\_ Biology II \_\_\_\_  
Chemistry \_\_\_\_ Physics \_\_\_\_

3. AP classes: \_\_\_\_\_

4. Foreign Languages you can teach with ease: French \_\_\_\_ German \_\_\_\_ Latin \_\_\_\_ Spanish \_\_\_\_

5. Special Education endorsement(s): \_\_\_\_\_

**Homebound Services are provided from 8am - 8pm Monday - Friday.**

Teachers are expected to work with their student daily (unless medically prohibited) - please list time available.

Monday : \_\_\_\_\_

Tuesday : \_\_\_\_\_

Wednesday : \_\_\_\_\_

Thursday : \_\_\_\_\_

Friday : \_\_\_\_\_

**RETURN TO:** Fort Hill Community School - Homebound Program  
1350 Liggates Road, Lynchburg, VA 24502