



The Classical Academy	Policies and Procedures
Policy Name:	Temporary Homebound Instruction
Policy Number:	IHBF-TCA-E
Original Date:	5/4/2017
Last Reviewed:	5/4/2017
Category:	Operations
Author:	Operations/Health/Registrar
Approval:	Director of Operations

## EXHIBITS

The following Exhibits are contained herein:

- Procedure for Temporary Homebound Instruction
- Sample approval e-mail to parents/guardians from principal
- Application for Temporary Homebound Instruction (Completed by parent/guardian and returned to principal)
- Request to Release or Exchange Confidential Information Form (Completed by parent/guardian and returned to principal and school nurse)
- Statement of Physician (2 pages—completed by physician and returned to school nurse)
- Tutor Log (Completed and returned to the Registrar Office by TCA staff)

## PROCEDURE

The following steps are necessary for a student to receive Temporary Homebound Instruction:

1. Student is identified as needing Temporary Homebound Instruction by parent/guardian or school personnel.
2. Parent/guardian is provided with documents (Application, Request to Release or Exchange Confidential Information and Statement of Physician)
3. Parent/guardian returns documents to principal.
4. The nurse will fax medical release form, cover letter and physician's statement to the physician's office. Once medical records are received and reviewed, the principal can notify the parent/guardian via e-mail that the Application has been approved (or disapproved) with a copy to the **Nurse, Counselor, Registrar, Human Resources, and Student Support Services.**
5. The principal will assign a Homebound teacher to the student and coordinate payroll. The Homebound teacher will be paid for one hour of planning for each five hours of tutoring.
6. The counselor or principal will initiate the Temporary Homebound Instruction with the classroom teacher and Homebound tutor. The classroom teacher will be responsible for evaluating homework and assigning appropriate grades. The Homebound tutor will

communicate with classroom teacher on student's assignments, progress, etc. The student will work independently between visits from Homebound tutor and will seek assistance when necessary.

7. All health documents and updates must be provided to the school nurse.
8. Prior to the student returning to school, the parent/guardian should contact the nurse and the principal to facilitate the transition back to the classroom.
9. A student's attendance at any sporting events or extra-curricular activities voids the Temporary Homebound Instruction arrangement.

**SAMPLE APPROVAL E-MAIL TO PARENTS FROM PRINCIPAL**

TO: Parent(s)/Guardian(s)  
FROM: Principal  
RE: Approved Temporary Homebound Instruction  
CC: TCA Nurse, TCA Registrar, TCA Counselor, TCA Human Resources (others as appropriate)

Dear [Parents/Guardians]:

[Student's First and Last Name]'s Application for Temporary Homebound Instruction has been approved. A maximum of five hours of instruction will be available per week through the end of the semester or your child's return date (whichever is sooner) for the following classes:

[List of core classes]

The following contacts may be helpful to you throughout this process:

[School Nurse]	[Phone #]
[Counselor]	[Phone #]
Registrar Office	488-6286
Student Support Services	484-6435

If you have any questions, please let me know.

Sincerely,  
Principal

**THE CLASSICAL ACADEMY**

**PARENT/GUARDIAN APPLICATION FOR APPROVAL OF TEMPORARY HOMEBOUND INSTRUCTION**

Name of Student:	Date of Birth:
School:	Grade:
Name of Parents/Guardians:	
E-Mail:	Contact Phone #:
By signing this form, you, the parent/guardian, are granting permission to the school nurse, school administrator, and school counselor to contact the physician who completes the "Physician's Statement" form. Please be advised that TCA will need to have the "Statement of Physician" and "Request to Release or Exchange Confidential Information for Temporary Homebound Instruction Purposes" as well as requested medical records before services begin. Also, if your child needs to extend his/her services, revised medical documentation must be provided.	
X	MM/DD/YR
Parent/Guardian Signature	Date

<b>For Office Use Only:</b>			
<b>Checklist for Approving Temporary Homebound Instruction:</b>			
<input type="checkbox"/> E-mail to Parents, Nurse, Counselor, Registrar, Student Support Services			
Date Sent: _____			
<input type="checkbox"/> Request to Release or Exchange Confidential Information for Homebound Tutoring Purposes Form			
Date Received: _____			
<input type="checkbox"/> Statement of Physician Form			
Date Received: _____			
<b>Classes in which student will receive tutoring:</b>			
<b>Name of Tutor:</b>			

**The Classical Academy**

**REQUEST TO RELEASE OR EXCHANGE CONFIDENTIAL INFORMATION  
Temporary Homebound Instruction**

Records to be released or exchanged (all records must be current within the agreed upon timeframe between the nurse and the parents, as specified below):

- Medical/health records
- Hospital/medical/surgical records
- Diagnostic tests/results
- Psychological/neurological reports

Timeframe:      3 Months     6 Months     1 Year     2 Years     Other: \_\_\_\_\_

Exchange will occur between:

Agency: The Classical Academy	Medical Office/Agency
Address: 975 Stout Road	Address:
City, State, Zip: Colorado Springs, CO 80921	City, State, Zip
Phone: 719.484.0091	Phone:
Fax: 719.484.0085	Fax:
Name of School Nurse:	Name of Provider:
School Nurse's E-Mail:	Provider's E-Mail:
School Nurse's Phone:	Provider's Phone:

**Parent Consent:**

All information released or exchanged will be in compliance with the Family Education Rights and Privacy Act and the Colorado Open Records Law. No additional information will be released or secured without prior approval from the parent, except as provided by law.

I hereby authorized the exchange/transfer of information as outlined above. In addition, I agree to have the TCA school nurse contact the medical provider as necessary. They medical provider has my permission to release all records mentioned above.

X	MM/DD/YEAR
Signature of Parent or Guardian	Date of Signature
X	MM/DD/YEAR
Signature of TCA School Nurse	Date of Signature

**The Classical Academy**

**STATEMENT OF PHYSICIAN (Page 1 of 2)  
Temporary Homebound Instruction**

<b>Name of Student:</b>		<b>DOB:</b>	
<b>Home Address:</b>			
<b>Phone Number:</b>		<b>Family E-Mail:</b>	
<b>Specific Diagnosis:</b>			
<b>Length of time student will be unable to attend school (with specific dates):</b>	<b>TO:</b>	<b>FROM:</b>	
<b>Prognosis:</b>	<b>Why does this condition affect the student's ability to attend school? What treatments are in process to promote healing and expedite the return to school?</b>		
<b>Are there other options or a health care plan that could be implemented at school so the student could attend?</b>	<b>Yes or No—Please explain.</b>		
<b>The Classical Academy requests medical records, medical reports, and medical assessment information for the specified time period on page 1. These records must be received by the nurse and will be reviewed in order to approve or disapprove the Application for Temporary Homebound Instruction. Please send the information to the following:</b>			

<b>Agency: The Classical Academy</b>
<b>Address: 975 Stout Road</b>
<b>City, State, Zip: Colorado Springs, CO 80921</b>
<b>Phone: 719.484.0091</b>
<b>Fax: 719.484.0085</b>
<b>Name of School Nurse:</b>
<b>School Nurse's E-Mail:</b>
<b>School Nurse's Phone:</b>

**STATEMENT OF PHYSICIAN (Page 2 of 2)**  
**Temporary Homebound Instruction**

The decision to assign a Homebound tutor will be made after this form and any accompanying information is received and review by The Classical Academy. This information must be updated as needed.

Temporary Homebound Instruction is a service for students who have a documented medical condition and are unable to participate in any activities outside the home (or hospital) beyond appointments, medical tests, and therapy.

<b>Medical Office/Agency</b>
<b>Address:</b>
<b>City, State, Zip</b>
<b>Phone:</b>
<b>Fax:</b>
<b>Name of Physician:</b>
<b>Physician's E-Mail:</b>
<b>Physician's Phone:</b>
<b>Physician's Signature:</b>
<b>Date:</b>

Please return this form to the school nurse listed on the form above. Thank you very much.

