Hillsborough County
PUBLIC SCHOOLS
Excellence in Education

DEPARTMENT OF EXCEPTIONAL STUDENT EDUCATION

REQUEST for HOSPITAL/HOMEBOUND (H/H) SERVICES

FOR COMPLETION AND SUBMISSION
BY SCHOOL PERSONNEL WITH COLLABORATION/CONSULTATION FROM THE PARENT

H/H Program Office
129 E. 124th Avenue
Tampa, Florida 33612
Phone (813) 375-3950 ext. 0
Fax (813) 375-3959
School Mail Rt. 3

●**STUDENT NAME:** _____ DATE: _____

BIRTH DATE: _____ M ☐ F ☐ GRADE: _____ STUDENT NUMBER: _____

REFERRED BY: _____

RELATIONSHIP: _____

●**SCHOOL NAME:** _____

SITE NUMBER: _____ SCHOOL PHONE: _____ SCHOOL FAX: _____

SCHOOL CONTACT PERSON: _____ POSITION: _____

●**PARENT(S)/GUARDIAN(S)/ SURROGATE NAME:** _____

RELATIONSHIP TO STUDENT: _____

HOME ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE: _____

BUSINESS PHONE(S): _____

CELL PHONE(S): _____

LOCATION for H/H INSTRUCTION: _____
(If not at home address)

●**PHYSICIAN NAME:** _____ SPECIALITY: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER (Required): _____

●**COMMENTS:** _____

_____

_____

_____

_____

Additional information:

1. The parent will continue getting assignments from the school of current enrollment until such time that Hospital/Homebound enrollment may occur. Student must remain enrolled at his/her current site during the request/referral process and until such time that the student meets eligibility criteria for H/H services.
2. Prior to H/H enrollment, the parent will be invited to an Eligibility Staffing/IEP Team Meeting.
3. Should H/H enrollment occur, the student's school of most recent enrollment will provide needed textbooks for the student.

Distribution: ORIGINAL to Principal/Cumulative Folder Photocopies to: ___ Parent ___Hospital/Homebound Office

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REQUEST for HOSPITAL/HOMEBOUND (H/H) SERVICES

TO PARENT/GUARDIAN/SURROGATE OF: _____

Please answer the following questions:

Does your child have access to a computer at home? Yes ☐ No ☐

Does your child have access to the Internet at home? Yes ☐ No ☐

PLEASE INDICATE BY **CHECK MARKS AND YOUR DATED SIGNATURE BELOW THAT YOU HAVE READ THE FOLLOWING:**

To be eligible for H/H services, a student must be enrolled in Hillsborough County Public Schools (HCPS). It is the parent's responsibility to request HCPS enrollment for a student who is not currently enrolled.

An **"Authorization for Release of Records"** form, signed by the parent (or age-of-majority student) to provide the required written consent for the sharing of information, must be received by the student's school or the H/H Program before any information can be requested from a student's doctor.

It is the parent's responsibility to: (1) follow up with the student's doctor to confirm the completion and submission of any required forms; and (2) to call the H/H Office [(813) 375-3950 extension 0] to confirm that completed forms have been received by the H/H Office from the student's doctor.

For a student who is too ill to attend his/her school site, it is the parent's responsibility to continue reporting the student's absences from school, per the district's attendance policy while also continuing to request and turn in student assignments / make-up work until the student is withdrawn from the school site of current enrollment.

It is the parent's responsibility to provide documentation each nine weeks updating Hospital Homebound on the student's progress toward the school re-entry plan.

The State Board Rule criteria for H/H Program eligibility requires that the **student be confined to home or hospital**.

It is the parent's responsibility to obtain all textbooks from the student's school site should the student be withdrawn from the school site and enrolled in the H/H Program.

It is not feasible for the H/H Program to duplicate the hours, or all courses, that are provided at school sites.

To be eligible for H/H services, the parent (or age-of-majority student) must sign the form titled "H/H Policies and Parental Cooperative Agreement" to confirm agreement and cooperation with the H/H policies.

_____ _____

Parent/Guardian/Surrogate Signature *Date*

_____ _____

Age-of-majority Student Signature *Date*

Distribution: ORIGINAL to Principal/Cumulative Folder Photocopies to: ___ Parent ___Hospital/Homebound Office

Student #: _____

Department of Exceptional Student Education

Hospital/Homebound (H/H) Policies and Parental Cooperative Agreement

Date: _____ Student Name: _____ D.O.B: _____

To Parent/Guardian/Surrogate/Age-of-majority Student:

Your child is (or you are, for age-of-majority student) being referred to the Hospital/Homebound (H/H) Program. Please understand that H/H can't duplicate the school classroom experience. It is meant as a help measure until a student can return to school. The goal for every student entering the H/H Program is for the student to return to school as soon as s/he is medically able. The following are the H/H Program policies and procedures. Your signature in regard to parental agreement to these policies and procedures is required as part of the eligibility criteria. Additionally, an annual medical statement from a licensed physician is required.

1. District attendance policies apply to all students. Students will be excused from class for a doctor's appointment, but will be expected to participate in all other scheduled instructional periods. Students who are absent from a class twice in one week, must have a doctor's excuse note, or the absences will be considered unexcused. Students receive a grade of zero for any unexcused absence, which will be averaged into the final grade. Students having excessive unexcused absences will be referred to the H/H social worker. After 5 absences in a 9-week period, the student will be referred to the PSLT (Problem Solving/Leadership Team).

2. Prior to each class, the student is expected to be prepared with assignments, books, and materials.

3. Students need a suitable location, conducive to learning where they can study. There should be no distractions during class time.

4. Students are to complete assigned lessons regularly and participate in class. The student's completed homework must be submitted on a weekly basis. Each nine-week grading period has a deadline for submission of all work to the teachers.

5. Students must be ready to begin class at the appointed time so that instruction may begin in a timely fashion.

6. Every effort should be made to avoid making appointments (doctor, dentist, etc.) which conflict with the class schedule. If schedule conflicts cannot be avoided and a cancellation is necessary, the H/H office must be notified in advance of the scheduled class time. It is the student's responsibility to obtain all missed assignments.

7. If the student becomes ill with anything contagious, the H/H Office, teacher, or case manager must be notified before the next scheduled visit.

8. The teacher must be made aware of any difficulty in understanding an assignment so that extra help may be provided.

9. The H/H Office will fax the school a list of needed books on the student's behalf. It is the parent's or guardian's responsibility to pick up and return textbooks on loan back to the student's school or H/H Office. The school site will follow the applicable textbook check-out/check-in procedure and assist the parents with this process.

10. A parent or other responsible adult must be present when the case manager or teacher visits the home.

Hospital/Homebound/Homebased Programs • 129 E. 124th Avenue • Tampa, FL 33612
Department of Exceptional Student Education • 813-375-3950, Ext. 0 • Fax: 813-375-3959
School District Main Office: 813-272-4000
www.sdhc.k12.fl.us

11. Per State Board of Education Rule, H/H eligibility requirements state that a licensed physician must certify that the student is confined to home or hospital. Therefore, it is expected that the **student will not participate in employment or extracurricular activities** outside the home or hospital while enrolled in the H/H Program.

12. The parent is responsible for obtaining a medical renewal/update when a student's medical report is pending expiration and the student is still physically/emotionally unable to return to school. A student may be withdrawn from the H/H Program for the following reasons: The doctor recommends return to school; the student is employed; outside activities indicate the student has recovered sufficiently to return to school; the doctor does not renew the medical; noncompliance with the H/H program policies and procedures; and/or the parent re-enrolls the student in a school site.

13. The parent will notify the H/H Program prior to re-enrolling the student in a school site.

14. The parent must sign documents provided by the teacher or case manager to verify H/H visits to the home.

15. Student/teacher schedules are subject to change. As teachers' caseloads change, adjustments to schedules will be necessary.

16. Radio, television and other electronic devices must be turned off during class time.

17. Students enrolled in teleclass must call into class on time for each scheduled session. Students must wait 10 minutes if the teacher is not present. If the teacher has not joined within that time, the student is to call the teacher's voicemail to see if other directions were given.

18. When a teleclass phone connection is lost, the instructions provided by the H/H Office are to be followed. An information sheet is provided to parents/students by the H/H Office.

19. The teleclass teacher must be informed when the student is too ill to actively participate and will be "listening only."

20. During teleclass, all call-waiting or three-way calling features must be turned off.

I am in agreement with the "Hospital/Homebound Policies and Parental Cooperative Agreement" and I will assist my child in complying with these rules.

_____ _____

Parent/Guardian/Surrogate Signature *Date*

For the age-of-majority student, I am in agreement with the "Hospital/Homebound Policies and Parental Cooperative Agreement" and I will comply with these rules.

_____ _____

Age-of-majority Student Signature *Date*

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AUTHORIZATION FOR RELEASE, INSPECTION, OR RECEIPT OF RECORDS

Hillsborough County Public Schools (HCPS) is hereby authorized to:

☒ Release or Copy Records ☒ Receive Records ☒ Permit the inspection of listed records/information

Regarding:_____ _____ _____
Name of Student Date of Birth Parent/Guardian

To/From/By: _____ _____
Medical Provider or Agency Name Address

THE DISTRICT IS SEEKING YOUR CONSENT FOR RELEASE AND INSPECTION OF THE FOLLOWING:

☒ Receive/discuss records and medical information with healthcare provider, including educational implications/ and plan for re-entry to school

- ☐ Psychological Evaluations/Reports
- ☐ Diagnostic Screenings/Reports/Records
- ☐ Social/Developmental History Reports
- ☐ Attendance Records
- ☐ Health/Medical/Birth Reports/Records
- ☐ Educational/Academic Reports/Records
- ☐ Standardized Test Data
- ☐ Psychiatric Reports

PLEASE SEND/RELEASE INFORMATION TO:

HOSPITAL/HOMEBOUND PROGRAM (HCPS) .
Name of Individual or Agency

129 E. 124TH AVENUE .
Address

813/375-3950 FAX: 813/375-3959 .
Phone

TAMPA FL 33612
City State Zip

THIS RELEASE SHALL BE EFFECTIVE 365 DAYS FROM THE DATE OF SIGNING

IMPORTANT -- PLEASE NOTE

The person or agency receiving these records must not transfer the information obtained to any other person or agency without obtaining the written consent of the parent or legal guardian, or the student, if eighteen years of age or older, or as otherwise allowed or provided by law. Pursuant to Public Law 93-380, you, the parent/guardian, are hereby notified that you have the right to inspect educational records, to have a copy of said records, if you wish to pay the cost of duplication, and to challenge the content of said records on the grounds that they may be inaccurate, misleading or inappropriate.

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I certify that I am age eighteen or older and I am the person who is the subject matter of the records listed above.

☐ I certify that I am the parent or legal guardian of the person who is the subject matter of the records listed above, and that said person is under the age of eighteen. I understand that the information and/or reports that are shared with the school may become part of the student's record. Furthermore, school records are subjected to the regulations imposed by the Family Education Rights and Privacy Act of 1974 (PL 94-142) (Statute: 20 U.S.C. §1232(g) Regulations: 34 CFR Part 99). Those records used to make educational decisions about students are subject to review by the parents/guardians and students 18 years of age or older.

_____ _____
(Signature of Parent/Guardian or Student 18 years of age or older) (Date Signed)

I understand I have the right to revoke this authorization, in writing, at any time. I understand I must present my signed and dated written revocation to the Site Administrator for the Hospital/Homebound Program. I understand that the revocation will not apply to information that has already been released in response to this authorization.

FOR OFFICE USE ONLY

Sent By_____Date_____

Phone_____Initial _____

H/H AFR (7/21/11)

Distribution: Cumulative Folder