

Hospital/Homebound Placement Procedures

OVERVIEW: The East Baton Rouge Parish School System (EBRPSS) provides an alternative for all students (regular education, students with disabilities and 504 students) having a permanent or temporary medical illness/condition that substantially limits one or more major life activities.

The Hospital Homebound Program provides an alternative for students with a medical illness/condition that impacts their class work and ability to attend school for a designated period of time, as agreed upon by the Physician or Individual Education Program (IEP) Committee.

Before the decision to place a student in the Hospital Homebound Program, the following steps must be utilized by the school and family through the attached application process.



East Baton Rouge Parish School System
Hospital/Homebound Program
Screening Form (HH1)

NOTE: This HH1 Screening Form should be completed by the school's Guidance Counselor.

Questions/Concerns Re: Hospital/Homebound Program

Call (225) 929.8601 or Fax: (225) 929-8775

The purpose of the HH1 is to determine via the School Building Level Committee (SBLC) whether the student should be referred for Hospital Homebound (HH) Services. **Completing this form does not guarantee that a student will receive HH Services. If the SBLC determines that the student may qualify for HH Services, then the *Application for Hospital/Homebound Program* shall be completed by the student's physician/psychiatrist verifying the medical condition and submitted directly to the student's school's Guidance Counseling Department or faxed to (225) 929.8775.** Student eligibility will be determined upon review of the application.

Referring School: _____ SBLC Meeting Date: _____

Form Completed By: _____ Contact Information: _____

Student Referred for HH Services: _____

Student Information – Age: _____ Date of Birth: _____ Sex: Male/Female Grade: _____

Regular Education (Y/N): _____ Special Education (Y/N): _____ 504: (Y/N): _____

Reason for Referral: (Indicate below)

____ Medical _____ Psychological _____ Pregnancy

Additional Information: _____

Describe the school's documented interventions that were used prior to referring the student for HH Services:
(Examples of Interventions: Work Packets/Modified School Day/etc.)

Anticipated duration of HH Services (must include a beginning date of HH Services and an ending date):

Does the student have access to a computer with high speed internet service? (Y/N): _____

Email address (must be working and current): _____

Schools should submit this HH1 Screening Form to:

ESS Supervisor for Hospital/Homebound Programs
Goodwood Administrative Center
6550 Sevenoaks Avenue
Baton Rouge, Louisiana 70806
Fax #: (225) 929-8775



APPLICATION FOR HOSPITAL/HOMEBOUND PROGRAM
EAST BATON ROUGE PARISH SCHOOL SYSTEM

Name: _____ Student ID: _____ DOB: _____ Race: _____ Sex: _____ Grade: _____

School: _____ Is your child in the Special Education Program of EBR? Yes No

Parent's Name: _____ Home Ph: _____ Wk.#: _____ Cell# _____

Student's home address: _____ City: _____ Zip: _____

Address where student will be instructed (if different): _____

Name of responsible adult to be present during instruction: _____

Hospital: _____ Doctor: _____ Hospital Ph #: _____ Room #: _____

SIGNATURE OF PARENT/ GUARDIAN: _____ Date: _____

MEDICAL CERTIFICATION- TO BE COMPLETED BY PHYSICIAN

I. Illness, Injury, Hospital Recovery

A. The undersigned certifies that the above-named student is unable to attend school for the following reason(s):
(GIVE SPECIFIC DIAGNOSIS AND COMPLETE TREATMENT PLAN ATTACHED)

B. Pregnancy- In case of pregnancy complete the following:

1. The student is experiencing the following complications in her pregnancy which would be detrimental to her health or the health of her unborn child. _____

The expected delivery date (EDC) is: _____

2. Actual Date of Delivery: _____

Postpartum recuperation required? (NOT TO EXCEED SIX WEEKS) YES NO

II. Communicable Status

A. Is this student contagious at this time? YES NO

B. Can this illness be transmitted by the Hospital/Homebound teacher to another homebound student? YES NO

III. Duration

The expected duration of the condition which prevents school attendance is: **(A TIME PERIOD MUST BE CHECKED. IF MORE THAN TWELVE WEEKS PHYSICIAN UPDATE MUST BE SUBMITTED)**

3 weeks 4 weeks 5 weeks 6 weeks 7 weeks 8 weeks
 9 weeks 10 weeks 11 weeks 12 weeks

IV. Physician's Name: _____ Phone# _____

Print Legibly or Type

Required

Address: _____ City: _____ State: _____ Zip# _____

Physician's Signature _____ Date: _____

Stamped signatures are not acceptable

V. Treatment Plan

Name of Patient: _____

Patient Data

Address:		Birthdate:	Age:	Patient Status:
City:		Gender	Race:	Previously Treated?
State:	Zip:	Marital Status:		Treatment Setting:
Home Phone:		Admission Date:		PCP:
Work Phone:		Cell Phone:		Discharge Date:
Student ID:		Last Review:		Employer:
Guardian:		Referral Source:		

Treatment Modalities

The following treatment modalities are being utilized:

Type of Therapy	Frequency	Weekly, Biweekly, Monthly

Treatment Approaches

The following treatment approaches are being implemented:

Medication	Dosage	Frequency	Start Date	End Date	Physician

Provider Credentials/Information _____

Name of Service: _____ Phone #: _____

Address: _____

Physician's Signature: _____ Date: _____

Print Name: _____

**MEDICAL PROVIDER SHOULD FAX THIS FORM TO THE HOSPITAL/HOUBOUND PROGRAM AT 225.929.8775
THIS FORM SHOULD NOT BE RETURNED TO THE STUDENT'S SCHOOL.**

**ATTENTION: Dr. Janet A. Harris, ESS Supervisor for Homebound Programs
Goodwood Administrative Center 6550 Sevenoaks Avenue, Baton Rouge, Louisiana 70806**



APPLICATION FOR HOSPITAL/HOMEBOUND PROGRAM
EAST BATON ROUGE PARISH SCHOOL SYSTEM

Name: _____ Student ID: _____ DOB: _____ Race: _____ Sex: _____ Grade: _____

School: _____ Is your child in the Special Education Program of EBR? Yes No

Parent's Name: _____ Home Phone: _____ Wk.#: _____ Cell#: _____

Student's home address: _____ City: _____ Zip: _____

Address where student will be instructed (if different): _____

Name of responsible adult to be present during instruction: _____

Hospital: _____ Doctor: _____ Hospital Ph #: _____ Room #: _____

SIGNATURE OF PARENT/ GUARDIAN: _____ Date: _____

MEDICAL CERTIFICATION- TO BE COMPLETED BY A PSYCHIATRIST/PSYCHOLOGIST

I. Psychological Condition or Diagnosis

The undersigned certifies that the above-named student is unable to attend school for the following reason(s): (GIVE SPECIFIC DIAGNOSIS AND COMPLETE TREATMENT PLAN ATTACHED)

Please explain in detail why the student cannot function for any period of time in a classroom setting.

What length of time is the student able to attend school at this time (hours/minutes)? _____

What accommodations and/or modifications does the student need to remain in/or return to the classroom setting?

II. Communicable Status

A. Is this student contagious at this time? YES NO

B. Can this illness be transmitted by the Hospital/Homebound teacher to another homebound student? YES NO

III. Duration

The expected duration of the condition which prevents school attendance is: (A TIME PERIOD MUST BE CHECKED. IF MORE THAN EIGHT WEEKS A NEW REFERRAL MUST BE SUBMITTED PRIOR TO THE END DATE)

3 weeks 4 weeks 5weeks 6 weeks 7 weeks 8 weeks

IV. PSYCHIATRIST/LICENSED PSYCHOLOGIST'S Name: _____ Phone# _____
Print Legibly or Type Required

Address: _____ City: _____ State: _____ Zip# _____

PSYCHIATRIST/PSYCHOLOGIST'S Original Signature _____ Date: _____
Stamped signatures are not acceptable

V. Treatment Plan

Name of Patient: _____

Patient Data

Address:		Birthdate:	Age:	Patient Status:
City:		Gender	Race:	Previously Treated?
State:	Zip:	Marital Status:		Treatment Setting:
Home Phone:		Admission Date:		PCP:
Work Phone:		Cell Phone:		Discharge Date:
Student ID:		Last Review:		Employer:
Guardian:		Referral Source:		

Treatment Modalities

The patient is actively participating in the following treatment modalities:

Type of Therapy Sessions	Frequency	Weekly, Biweekly, Monthly

Treatment Approaches

The following treatment approaches are being implemented:

Medication	Dosage	Frequency	Start Date	End Date	Prescriber

Provider Credentials/Information _____

Name of Service: _____ **Phone #:** _____

Address: _____

PSYCHIATRIST/LICENSED PSYCHOLOGIST'S Original Signature: _____

Print Name: _____ **Date:** _____

**MEDICAL PROVIDER SHOULD FAX THIS FORM TO THE HOSPITAL/HOMEBOUND PROGRAM AT 225.929.8775
THIS FORM SHOULD NOT BE RETURNED TO THE STUDENT'S SCHOOL.**

**ATTENTION: Dr. Janet A. Harris, ESS Supervisor for Homebound Programs
Goodwood Administrative Center 6550 Sevenoaks Avenue, Baton Rouge, Louisiana 70806**



Parent and Student Rules for Homebound

(Please keep a signed copy for future reference)



The parents and student must observe the following rules once a homebound teacher has been assigned. Failure to observe these regulations could result in the withdrawal of this special service.

1. One of the student's parents or a responsible adult over 18 yrs. old must be present in the home or assigned location for the duration of a homebound session. The homebound teacher will not remain in the home if uncomfortable with the adult left in charge.
2. A parent/guardian of the homebound student is responsible for picking up textbooks from school. Supplies are also the responsibility of the parent. At no time will the homebound teacher be required to transport books to and from schools. The homebound teacher provides the assignments and instruction.
3. Student and teacher are not to be interrupted during the instructional period.
 - Members of family must remain out of the room during the class period to minimize distractions unless stipulations have been made by the parent that will hinder adequate service delivery (refer to disclosure form).
 - A quiet setting without TV or radio will enhance the learning experience for your child. Please provide a quiet and clean environment. Frequent interruptions due to visitors, phone calls, etc. interfere with instruction and should be limited.
 - In order to maintain a healthy environment for the student and teacher, please refrain from smoking in the house during homebound sessions. A parent should notify the teacher if animals are in or around the home.
4. Independent home study is essential for the student to maintain his/her class standing. It then becomes the student's responsibility, under the supervision of the parent/guardian, to complete the work which has been assigned. An assigned lesson not completed is a loss of valuable time for the student and a loss of limited time the homebound teacher has to spend with your child. Therefore, the parent/guardian is also responsible for:
 - assuring the student will be available and appropriately dressed and ready to participate with the homebound teacher;
 - helping a younger student set up a daily schedule that provides a specific time and place in the home where the student can work on his/her assignments; and
 - checking that assignments are completed. This will demonstrate to your child that you are genuinely interested in his/her performance and future academic success.
5. The parent(s) shall be notified in a timely fashion if the teacher is unable to keep the child's homebound appointment. If your child is unable to receive a lesson at the scheduled time, the parent should inform the homebound teacher as soon as possible. Each unexcused absence will count for two and one half (2½) days absent and reported to Child Welfare and Attendance.
6. Emergency evacuation procedures: In case there is an emergency in your home, please develop an evacuation procedure to exit safely from your home or location of homebound instruction. Please inform the homebound teacher of this evacuation plan.
7. Observations and evaluations of teachers are necessary and will be conducted during regularly scheduled homebound sessions with or without prior notification.

Failure to observe these regulations can result in the withdrawal of this special service.

My signature indicates that I have received and read a copy of these homebound rules.

Student Name

Parent or Guardian Signature

Date



APPLICATION FOR HOSPITAL/HOMEBOUND INSTRUCTION
EAST BATON ROUGE PARISH SCHOOLS
EXCEPTIONAL STUDENT SERVICES DEPARTMENT
6550 Sevenoaks Avenue, Baton Rouge, LA 70806

Students' Schedules retrieved from JCampus must be attached to this form.

STUDENT DEMOGRAPHIC INFORMATION:

Student: _____ Student ID: _____
DOB: _____ Race: _____ Sex: _____ Grade: _____

Parent(s) Name: _____
Telephone Numbers: _____ (work); _____ (cell); _____ (home)
Home Address: _____

SCHOOL INFORMATION:

School: _____
School Contact Person: _____
School Contact's Email/Telephone: _____

STUDENT ACADEMIC INFORMATION:	
<p style="text-align: center;">ESS STUDENT</p> <p>Current IEP Date: _____ Current Eval. Date: _____ Primary Exceptionality: _____</p> <p style="text-align: center;">DIRECT and/or RELATED SERVICES (Check those that the student receives)</p> <p>____ APE ____ Speech ____ OT ____ PT ____ VI ____ HI ____ Other</p> <p style="text-align: center;">ASSESSMENT INFORMATION: (Check those assessments that the student will take)</p> <p>____ LEAP 2025: English I ____ LEAP 2025: English II ____ LEAP 2025: Algebra I ____ LEAP 2025: Geometry ____ LEAP 2025: U.S. History ____ LEAP 2025: Biology</p> <p>____ LEAP Connect ____ ELPT</p>	<p style="text-align: center;">REGULAR EDUCATION STUDENT</p> <p>NOTE: Regular education students' IAPs must accompany this Homebound Application.</p> <p style="text-align: center;">ASSESSMENT INFORMATION: (Check those assessments that the student will take)</p> <p>____ LEAP 2025: English I ____ LEAP 2025: English II ____ LEAP 2025: Algebra I ____ LEAP 2025: Geometry ____ LEAP 2025: U.S. History ____ LEAP 2025: Biology</p> <p>____ ACT ____ WorkKeys</p> <p>____ ELPT</p>

Please do not write below this line.



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EXCEPTIONAL STUDENT SERVICES DEPARTMENT
6550 Sevenoaks Avenue, Baton Rouge, LA 70806

Students' Schedules retrieved from JCampus must be attached to this form.

DURATION OF HOMEBOUND SERVICES:

H/H Beginning Date: _____

H/H Ending Date: _____

Dr. Janet A. Harris, ESS Supervisor for HH
Goodwood Administrative Center
6550 Sevenoaks Avenue, Baton Rouge, LA 70806
Phone: (225) 771.8878; FAX: (225) 929.8775

APPROVAL/DENIAL of Services:

Homebound Services are: _____ APPROVED _____ DENIED

ESS Supervisor for Homebound (signature)

Date of Decision

Homebound Teacher Assigned: _____ Contact #: _____

ADDITIONAL INFORMATION: _____

Special Instructions for ESS students (if applicable):

