2023-2024 School Year
HOSPITAL/HOMEBOUND PROGRAM DESCRIPTION

Dear Parent/Guardian:

By Florida State Department of Education Rule 6A-6.03020, a student may be referred for hospital/homebound instruction when a physical or psychiatric illness or injury requiring prolonged homebound placement or hospitalization occurs.

To be considered for eligibility, a Florida Licensed Physician must certify that:

- the student is free from infectious and/or communicable disease;
- the student is under medical care, following a treatment plan, and confined to home or hospital;
- the student is unable to attend school for a minimum of 15 school days *from the date of referral;*
- the student is not a danger to himself or others;
- the student is able to participate in the Hospital/Homebound Program.

The physician must also provide the treatment plan and recommendations for school re-entry.

This medical information alone does not determine eligibility. It is considered along with other factors in your child's educational setting.

The Hospital/Homebound Program terminates upon recommendation of physician, recovery from illness or injury, ability to participate in a regular school program, and discontinuation of the IEP. The service will be reviewed if there is a lack of parent/student cooperation with the program requirements.

*Instructions for PARENT to request a referral for services:

1. **Complete student information section of referral**
   Sign Page 1 *(Parental Consent)*
   Sign Page 2 *(Cooperation Agreement)*
   Sign Page 3 *(Permission for Exchange of Information)*

2. **Return completed forms** ***(pages 1-3)*** **to the school counselor**. The original form is desired but a faxed copy is acceptable.

3. **ESE Office will fax to physician, Letter to Physician and Physician Statement** *(pages 3 & 4)* directly upon receiving the parent portion *(pages 1-3)* of referral.

Please keep in mind the hospital/homebound service is a temporary educational setting designed to keep the student on track with core academics WITH **LIMITED** INSTRUCTIONAL OPPORTUNITIES while recovering from the diagnosed illness or injury. It does not excuse absences, cover missed assignments, or change failing grades accumulated prior to the eligibility determination by the IEP team.

Sincerely,

Kim Gilliland

Assistant Director, ESE Dept.
Charlotte County Public Schools
1445 Education Way
Port Charlotte, FL 33948
Phone: 941 255-0808 x 2080
Fax: 941-255-0608 or 941 255-7585

2023-2024 SY

EDUCATION SUPPORT SERVICES - MURDOCK CENTER
1445 EDUCATION WAY - PORT CHARLOTTE, FL 33948-1053
EXCEPTIONAL STUDENT EDUCATION
(941) 255-0808 FAX (941) 255-7585 TDD # (941) 255-7576

2023-2024 SY

REFERRAL FOR HOSPITAL/HOMEBOUND INSTRUCTION

Student Name: ____________________ Date of Birth: ____________________ Grade: __________

Street Address: ____________________ City ____________________ Zip Code __________

Mailing Address: ____________________ City ____________________ Zip Code __________

Parent Name: ____________________ Email: ____________________

Phone: (Home) ____________________ (Cell) ____________________ (Work) ____________________

School in which enrolled: ____________________ ESE? YES ____ NO ____ 504 plan? YES____ NO____

Is your child also enrolled in classes through: ____ CVS/FLVS ____ CTC ____ FSW College ____ NONE

Do you have a computer? ___Yes___ No Hi-speed Internet? ___Yes ___No Is your child employed? ___Yes___No

Physician Information: (please print) COMPLETION REQUIRED! Date of most recent medical appointment:________________

Name:____________________

Address:____________________

Telephone:____________________ **Fax:**____________________

PARENT/GUARDIAN PERMISSION:
Please read carefully and complete with signature and date.

- I understand that eligibility is based on Florida Statutes, State Board Rule 6A-6.03020, and that the Florida Licensed Physician statement is part of the information used to determine eligibility. Placement in the program and service delivery design is a decision of the IEP team.
- I understand that Charlotte County Public Schools (CCPS) Hospital/Homebound personnel will contact the Florida licensed physician to obtain information needed for my child’s eligibility staffing for Hospital/Homebound services.
- I understand that my child must be enrolled in a public school to receive Hospital/Homebound services.
- I understand that Hospital/Homebound services are for students diagnosed with a medical or psychiatric condition "which is acute or catastrophic in nature, or a chronic illness, or a repeated intermittent illness due to a persisting medical problem and which confines the student to a hospital or home and restricts activities for an extended period of time".
- I understand that Hospital/Homebound services can only be provided in Charlotte County, Florida.
- I understand when my child is no longer restricted by illness or injury or is not cooperative with the program requirements; the Hospital/Homebound service will be reviewed, and may result in a discontinuation.
- I understand that the Hospital Homebound program only covers core academic courses and if my child has extended time on Hospital/Homebound this will necessitate a change in his/her course of study and/or graduation date.
- I understand the Hospital/Homebound Program is not retroactive. It does not cover absences, assignments, or grades prior to the eligibility determination by the IEP team.
- I understand the Hospital/Homebound Program is a TEMPORARY educational setting for my child while recovering from illness or injury.

PARENTAL CONSENT: I request my child be considered for Hospital/Homebound eligibility.

____________________ ____________________
Parent/Guardian Signature **Date** (Month/Day/Year)

(To be completed by School)
It is recommended that the above named student be evaluated for Hospital/Homebound Instruction.

____________________ ____________________
Principal/Designee Signature **Date** (Month/Day/Year)

EDUCATION SUPPORT SERVICES - MURDOCK CENTER
1445 EDUCATION WAY - PORT CHARLOTTE, FL 33948-1053
EXCEPTIONAL STUDENT EDUCATION
(941) 255-0808 FAX (941) 255-7585 TDD # (941) 255-7576

Student ________________________________ **DOB** __________ **School** ____________________

NOTE: H/H services for middle and high school students may be provided through a virtual learning platform. AP courses, Electives, Foreign Languages &Laboratory courses are not covered by H/H.

STUDENT RESPONSIBILITIES:

- Be present and prepared for scheduled sessions
- Complete teacher directed activities during the instructional session
- Complete homework between scheduled instructional sessions
- Submit completed work assignment(s) within the timeframe given by the teacher

PARENT/GUARDIAN RESPONSIBILITIES:

- Set a regular instructional session schedule and contact procedure with the H/H teacher
- Have a responsible adult in the home at all times during the H/H session
- Make sure the child is rested and ready at the specified time
- Provide a clean, well-ventilated, safe work place for H/H sessions
- Monitor and assist child with homework assignments if needed
- Notify the teacher, in advance, of the reason a scheduled session must be canceled
- Notify ESE office if your child's medical condition changes
- Read and Sign Teacher's completed reimbursement form after each instructional session
- Follow CCPS Homebound Attendance Procedures*

Excused Absence: instructional sessions cancelled, in advance, due to illness of student or teacher. Excused Absence must be rescheduled and completed within 2 weeks.

Unexcused Absences: instructional sessions missed because the student or parent did not attend for reasons other than illness. Unexcused Absences will not be rescheduled.

Attendance will be documented on the student's permanent record.

COOPERATION AGREEMENT

I have read all sections of this referral and agree to cooperate with the policies and procedures of the Hospital/Homebound Program, as stated on this referral, should my child be found eligible for services.

NOTE: Failure to cooperate and comply with the Student Responsibilities and Parent/Guardian Responsibilities, including attendance reporting requirements and regular participation with instructional sessions could result in an IEP review.

________________________________ ________________________________
Parent/Guardian Signature **Date** (Month/Day/Year)

EDUCATION SUPPORT SERVICES - MURDOCK CENTER
1445 EDUCATION WAY - PORT CHARLOTTE, FL 33948-1053
EXCEPTIONAL STUDENT EDUCATION
(941) 255-0808 FAX (941) 255-7585 TDD # (941) 255-7576

2023-2024 School Year
LETTER TO PHYSICIAN

Dear Physician,
The parent of this student has requested a referral for Hospital Homebound services, which requires information from you regarding the student's medical condition. This letter and the Hospital/Homebound Referral Form Physician Statement is to provide you with information regarding the Hospital/Homebound Program as you consider this option for your patient (our student).

The Florida State Board of Education Rule 6A-6.03020 defines a Hospital/Homebound student as:

> *a student diagnosed with a medical or psychiatric condition that is acute or catastrophic in nature, or a chronic illness, or a repeated intermittent illness due to a persisting medical problem, and which confines the student to hospital or home and restricts activities for an extended period of time.*

Your completion of this Referral represents evaluation data to be reviewed by the Individualized Educational Plan (IEP) committee. Your referral information does not mandate Hospital/Homebound services; only the IEP committee may determine eligibility for Hospital/Homebound Services.

Important information to consider:

- The Hospital Homebound service is a ***temporary educational setting*** designed to teach the student core academic subjects through ***limited instructional sessions*** while recovering from the illness/injury.
- The Hospital/Homebound service will most likely ***exclude the student from campus activities.***
- The Hospital/Homebound service is ***not retroactive.*** It will not excuse absences, provide instruction for missed assignments, or change failing grades accumulated prior to the eligibility for services.

Should you decide the referral for Hospital/Homebound services is appropriate for your patient (our student), all portions of the Medical Referral for Hospital/Homebound Service Physician Statement must be completed by the medical professional. Please remember to include your signature, printed name, address, telephone and fax number, and the date of form completion. **Page 4 should be faxed back to my attention as soon as possible** *(at the number below.)*

You may be contacted by CCPS staff to confirm, share, or request additional information regarding the student once your referral is submitted.

If you have any questions or concerns please contact me as listed below.

Thank you,

Kim Gilliland

Kim Gilliland,
Assistant Director, ESE Department
Charlotte County Public Schools
(941)255-0808 ext. 2080 (OFFICE)
FAX: (941) 941-255-0608 OR 255-7585
kim.gilliland@yourcharlotteschools.net

PERMISSION FOR EXCHANGE OF INFORMATION

I request my child *(name)*____ be considered for Hospital/Homebound eligibility, and give permission for the physician and Charlotte County Public Schools personnel to exchange pertinent information pertaining to my child's medical diagnosis as it relates to school attendance and classroom participation.

______________________________________ ____________________
Parent/Guardian Signature **Date** (Month/Day/Year)