

# Hope Tolson Public Charter School- Homebound Instruction Application

To be completed by the parent/guardian and returned to the school administrator or designee - Please write legibly.

If you have questions about completing this form, please contact Shelitia Gowie in the SPED office: 202-832-7370.

Student: \_\_\_\_\_ Pronouns: \_\_\_\_\_ Student ID#: \_\_\_\_\_

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

Parent(s)/Guardian(s)-----

Physical Home Address-----

Phone Number(s): -----

**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 and Homebound Coordinator if an appointment must be missed.

I understand Hope Tolson PCS policy provides guidance for Homebound instruction.

By my signature, I authorize the release and exchange of medical information between the health care provider, listed separately, 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 This authorization may be withdrawn at any time in writing.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, along with the additional sections listed below, must be fully completed for the student to be considered for homebound services:

- Medical Certification of Need (completed by licensed physician, psychiatrist, or clinical psychologist),
- School Information page (completed by school staff), and
- Release of Student Medical Information.

Please return (1) this form, (2) the completed and signed Medical Certification of Need, and (3) the medical release, to the administrator at your student's school.

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**Signature of Parent/Guardian or Adult Student**

**Date**

If it is necessary for homebound instruction to continue beyond nine weeks, an extension or reauthorization must be requested by submitting (1) a new application form, (2) treatment plan, (3) progress towards treatment goals, and (4) specific plans to transition the student back to the school setting.