**LASALLE/PUTNAM COUNTY EDUCATIONAL ALLIANCE FOR SPECIAL EDUCATION**
**1009 Boyce Memorial Drive Ottawa, IL 61350**

# PROCEDURES FOR HOMEBOUND/HOSPITAL INSTRUCTION

1. The home and hospital program shall be provided to any child with *a* health or physical impairment which, **in the opinion of a licensed medical examiner,** will cause an absence from school for more than two (2) consecutive weeks, or intermittent absences exceeding 2 weeks cumulative and for whom school personnel determine that such a program can be of educational benefit.

2. **The main requirement of the homebound/hospital case study is for the school to obtain either directly from the parents or through a properly constituted release of information, a "written statement from a medical doctor specifying the need for homebound or hospital instruction and the anticipated duration (minimum of 2 weeks), or intermittent absences, of same". See page 6 of this packet. It is highly recommended that in all cases the school obtain a parent-signed release of information form so that the school may communicate with the student's doctor if the need arises.**

   Upon receipt of a request for student homebound or hospital instruction, a representative from the school shall address all relevant domains **and complete Form 34-57B "Parent/Guardian Consent for Evaluation".**

   A review of the student's current educational status and academic needs is an evaluation requirement. This is to be done by the student's teacher or teachers, principal, counselor, psychologist and/or social worker as a group or by any one of the above individuals. The review should designate the courses the student is taking that will require continued instruction in order to maintain a passing status. The student's classroom teachers should be consulted to get their expectations, which may then be subsequently used, for goals and objectives on the student's I.E.P.

3. Upon completion of the attached **"Homebound/Hospital Instruction Evaluation and Services LE.P."** form, the final eligibility decision shall be made by the I.E.P. team.

4. **If a student is found eligible for homebound /hospital instruction, the "Homebound/Hospital Instruction and Services LE.P." form is completed.** The district then contracts with a homebound or hospital instructor who is a certified teacher.* A Type 39 substitute certificate does **not** qualify a person to be a homebound/hospital instructor. *Students with disabilities being served require a certified teacher who is credentialed in the area of the student's disability.

5. Home/hospital instruction shall not be less than five hours per week or generally one hour daily, unless the physician has certified in writing that the child cannot physically, mentally or emotionally handle as many as five hours weekly.

   **Send a copy of your homebound or hospital teacher's certificate and social security number to the L.E.A.S.E. office with a note asking us to put this homebound/hospital instructor's name on your district's professional turnaround (LS.B.E. Form #50-66B) so that your district can receive special education personnel reimbursement. Please be sure to indicate on your note that this request is for a homebound/hospital teacher.**

   **Additional forms needed to complete Homebound / Hospital LE.P.s for students with disabilities:**

   **LS.B.E. 34-57 B - Parent / Guardian Consent For Evaluation (page 1 and 2)**
   **L.E.A.S.E. LE.P. form S-3 – Annual Goals and Benchmarks / Objectives;**
   **LS.B.E. 34-57 E – Notification of Conference Recommendations**
   **L.E.A.S.E. Release of Information Form**