EDWARDSVILLE COMMUNITY UNIT SCHOOL DISTRICT 7
SPECIAL EDUCATION DEPARTMENT
708 St. Louis Street, Edwardsville IL 62025
618-655-6016 Fax: 618-655-6035

PARENT APPLICATION FOR HOME/HOSPITAL SERVICE

Student Name: ________________________________ D.O.B.: ____________________________

School: ________________ Grade: ____________ Teacher: ____________________________

Date Last Attended School: ______________________Special Education Student ☐ Yes ☐ No

Parent/Guardian: ____Phone: _______________

Address: ____

<u>Description of Homebound Instruction:</u> Homebound instruction may be provided to a student who will be absent from school ten or more consecutive school days due to the student's medical condition. A student who qualifies for this support will receive one (1) hour per day of instruction, with a maximum of five (5) hours of instruction per week. Homebound instruction is intended for short term use, to get a student through a post-operative period or an acute illness. It is not a replacement for regular school attendance and participation in school activities. Homebound instruction may also be provided on an intermittent basis. A student who qualifies for this support may have a medical condition which will cause the student to be absent from school for several consecutive days periodically throughout the year. To be eligible for intermittent homebound instruction, it must be anticipated that the student will be absent for a total of ten (10) days or more during the school year, with each absence being at least two consecutive days in length.

Identification of Student's Medical Condition:

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Current Treatment Plan/Protocol:

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Impact of Medical Condition on Student's Ability to Attend School:

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Requested Accommodations to Facilitate School Attendance:

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Anticipated Duration of Impact of Medical Condition on Student's Ability to Attend School:

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List Student's Treating Physician(s)

If multiple doctors are listed below, please indicate by checking the box which doctor will be responsible for completing the physician's portion of the homebound

Name	Specialty	Phone Number
☐ ______________________	________________________	__________________
☐ ______________________	________________________	__________________
☐ ______________________	________________________	__________________

As part of this Application for Homebound Instruction, I hereby authorize the staff of Edwardsville Community Unit School District 7 and my child's physician(s) identified above to exchange educational and protected health information for educational planning purposes. This authorization is valid for one calendar year and will expire on _______________. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I understand that revocation of this authorization will not be effective for actions taken by the school district or health care provider in reliance upon my authorization and prior to notice of my revocation. I understand that failing to authorize disclosure of records may adversely impact the educational programming and/or medical treatment for my child. I recognize that health records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Education Rights and Privacy Act. I also understand that if I refuse to sign this authorization, such refusal may interfere with the District's ability to consider my child's application for home instruction. I further understand such refusal will not interfere with my child's ability to obtain health care. I also understand that I have the right to inspect and copy educational records to challenge their contents.

As Parent/Guardian of _____________________________________, I am requesting that my child be considered for home instruction.

Parent/Guardian Printed Name:_____________________________________

Parent/Guardian Signature: ____ **Date:**____________

Please be advised that a meeting may be required for a child who becomes eligible for homebound services in order to change the child's class schedule. Changes may result in a reduction of the child's course/credit eligibility.