

Parent/Student Agreement for Hospital Homebound Services

Student Name: _____	Date: _____	Grade: _____
School: _____	Student Number: _____	
Address: _____	Date of Birth: _____	
City/State: _____	Phone: _____	Alternate #: _____

Purpose of Hospital Homebound Program: *Parent must initial each below*

_____ Alachua County Public Schools provides hospital homebound (HHB) services to students who are unable to attend school regularly when eligibility requirements of state law are met and the student's Individual Education Plan (IEP) Team determines that instruction in the home or hospital is the least restrictive environment. HHB services are determined by the IEP team and are minimal as compared to the comprehensive classroom.

_____ Per the Florida Department of Education's Bureau of Exceptional Education and Student Services (BEESS) *Policy and Procedures Manual: Hospital Homebound Program and Services (2008)*, HHB should be viewed as a temporary intervention and are not intended to replace the classroom experience. The intention of HHB services is to keep the student as current as possible in their required courses, with the priority being the student's health care needs. The IEP committee and services providers make every effort to provide appropriate services, in consideration of the student's condition, to keep the students as current as possible in their required courses. Continuity of the academic program is achieved by the parents/guardians, school staff, and HHB teacher working together to meet the needs of the student who is unable to attend school regularly due to illness.

Before HHB services are initiated, the Parent/Guardian must agree to the following conditions:

- _____ Provide a quiet, clean, well ventilated setting where the teacher and student will work.
- _____ Ensure that a responsible adult is present during the instruction, even if the student is 18 years of age.
- _____ A regular schedule, agreeable to both the family and HHB teacher, will be established and adhered to as much as possible.
- _____ Notify the assigned HHB teacher if an appointment cannot be met before the scheduled time.
- _____ The parent/guardian will establish a schedule for student to study and complete work between teacher visits.
- _____ Although the law requires annual medical reports, more frequent medical evaluations may be requested by the HHB program to inform decision about re-entry into a school setting and/or continuation of HHB services.
- _____ The parent/guardian is responsible for obtaining a medical certificate renewal when a student's medical certificate is pending expiration.
- _____ The parent/guardian will make every effort not to schedule doctor appts. during scheduled instructional time.
- _____ Absences will only be excused for medical appointments documented by a doctor's note.

Cause for Consideration for Dismissal

- _____ If the licensed physician or licensed psychiatrist recommends that the student is able to attend school or can no longer participate or benefit from HHB services, the student will be removed from the program.
- _____ If required updated Medical Certificate has not been received before expiration date, student will be removed from the program.
- _____ If the student is employed in any capacity, goes on vacation, regularly participates in extracurricular activities, or is no longer confined at home, the student may be removed from the program
- _____ If the parent/guardian or student 18 years old or older cancels three session without 24 hours' notice, The student may be removed from the program
- _____ If the condition of the location where the HHB services are provided are not conducive for instruction or threatened the health and welfare of the HHB teacher, the student will be removed from the program.

Your signature below indicates your agreement with the terms listed above and understand the reasons for possible dismissal from the program.

Signature of Parent/Guardian

Date