



# Clayton County Public Schools

## Hospital-Homebound Department

1058 Fifth Avenue - Jonesboro, GA 30236

Phone: 678-817-3119 Fax: 678-817-3098

HHB Student Referral/Parental Guidelines

page 1

### Hospital-Homebound Student Referral Form

Counselor: Please get parent/guardian to sign this form and fax or email it to the HHB Department at 678-817-3098.

#### Student Information

Student's Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Circle: Special Ed. Or General Ed.

Address: \_\_\_\_\_

Parent's or Guardian's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Counselor: \_\_\_\_\_ HR Teacher: \_\_\_\_\_

Date form issued to parent: \_\_\_\_\_ Date student first absent: \_\_\_\_\_

**Principal's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### I. Parental Agreement/ Medical Release of Information

- a. **I have reviewed the above student information and attest to its accuracy. Initial:** \_\_\_\_\_
- b. I request Hospital-Homebound (HHB) instructional services for my child and understand that a parent/guardian or parent designee who is at least 21 years of age must be present in the home during the instructional visits.
- c. I understand that eligibility is based upon the Georgia Statutes, State Board Rule 160-4-2-.31 as well as the medical recommendation from the attending physician/psychiatrist.
- d. I understand the Clayton County Hospital-Homebound teacher may contact the licensed physician or licensed psychiatrist to obtain information needed to determine eligibility for HHB services. **Therefore, I hereby authorize my child's attending physician/psychiatrist to disclose to the Hospital-Homebound teacher all pertinent health information related to the diagnosis presented.**
- e. I understand that Hospital-Homebound instructional services are provided for students who are enrolled in a Clayton County public school and who are confined to the home or hospital setting for an anticipated ten consecutive days or for intermittent periods of time anticipated to exceed ten school days during the school year.

**Parent's or Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>For HHB Use Only</b>	
HHB Instructor: _____	Date Received: _____
Date Parent Contacted: _____	Comments: _____
<b>Date HHB Services Initiated:</b> _____	<b>Date HHB Services Withdrawn:</b> _____



# Clayton County Public Schools

## Hospital-Homebound Department

1058 Fifth Avenue - Jonesboro, GA 30236

Phone: 678-817-3119 Fax: 678-817-3098

HHB Student Referral/Parental Guidelines  
Page 2

### Parental Guidelines for Hospital-Homebound (HHB) Instruction

To: The Parents of: \_\_\_\_\_ Student ID: \_\_\_\_\_ School: \_\_\_\_\_

1. An Educational Service Plan (ESP) will be developed with the collaboration of the parent(s)/guardian, HHB teacher, and the school team for the purpose of discussing present levels of performance, deciding educational goals while on Hospital-Homebound services (HHB), and devising a school re-entry plan.
2. During the home instructional sessions, a parent, guardian, or parent designee 21 years or older must be present during the entire visit.
3. At the onset of HHB services, it is the parent’s responsibility to obtain textbooks, instructional materials, and assignments. Thereafter, the HHB teacher assists in procuring additional assignments through the coordinated efforts of the student’s counselor and the classroom teacher(s).
4. To foster a productive learning environment, parents/guardians are requested to provide a work space free from distractions such as the television, the radio, pets, and visitors.
5. The classroom teacher prepares all hospital homebound assignments and assessments. The HHB teacher will deliver assignments to the HHB student and, upon completion of assignments and/or assessments, will return work to the classroom teacher(s) electronically, in person, or by the district’s courier. Upon HHB withdrawal, all original copies will be returned to the classroom teacher.
6. If it becomes necessary to cancel a scheduled instructional visit, please notify the HHB Department 24 hours in advance. A cancelled HHB instructional session may be made-up within the same week, and the student is counted present for that time. If the session is not made-up, the student is counted absent.
7. Before the student returns to school, a “Release to Return to School” form must be completed by the student’s attending physician or psychiatrist and sent to the HHB teacher and the student’s counselor. A copy may be accessed online at: [www.clayton.k12.ga.us/departments/student-services/hospital-homebound](http://www.clayton.k12.ga.us/departments/student-services/hospital-homebound)
8. The parent/guardian must submit an updated medical certification form completed by the attending physician/psychiatrist if HHB services are extended beyond the date on the original medical certification form.
9. The HHB teacher may request additional information to clarify a specific referral.

#### Reasons for Withdrawal from Hospital-Homebound Instructional Services

1. If HHB services conclude by the ending date on the medical certification form, and the student has a completed “Release to Return to School” form, then the student is withdrawn from HHB services.
2. If the physician/psychiatrist denies an extension for HHB services and submits a written statement to the HHB teacher to support rationale for the denial, then the student is withdrawn.
3. If the physician/psychiatrist retracts the original date of expected length of HHB services and, in writing, withdraws the original HHB eligibility date, then the student is withdrawn from HHB services.
4. If the student has excessive unexcused absences, then he/she is withdrawn from HHB services.
5. If the student engages in employment, goes on an extended vacation, or moves out of the county, then the student is withdrawn from services.
6. When the school year ends, the student is withdrawn and must re-apply for HHB services for the following year.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HHB Teacher: \_\_\_\_\_ Date: \_\_\_\_\_