GENERAL EDUCATION

Homebound-Hospital Education Center
475 Corporate Square Drive, Winston-Salem, North Carolina 27101
Phone: (336) 727-2083 Fax (336) 661-3079 LEA 340394

Does the home have internet?
Yes_____ NO_____

Is there a computer in the home?
YES_____ NO_____

Parent/Chaperone Authorization for Homebound Services
(Please Print)

Student Name _____ Student Number _____
Last First MI

Name of Parent(s) or Guardian _____

School of record: _____

Explanation of Services and Parent/ Chaperone Responsibilities: Please Read Carefully

- Students are placed on homebound due to serious medical, behavioral, or emotional conditions. It is important to note that homebound instruction ***does not duplicate*** the regular classroom experience and normal progression in school ***cannot*** be guaranteed.
- Typically, homebound is limited to no more than four hours of instruction per week. Hours of instruction for students may vary based on his/her ability to focus as well as medical stamina. This will be considered on a case by case basis.
- In an effort to provide homebound instruction, homebound/ hospital personnel ***may contact your child's physician, psychiatrist, and or home school*** to obtain information pertaining to the planning and delivery of appropriate instruction.
- An individualized instructional program will be conducted in a specified location. As the parent/guardian/chaperone, ***it is your responsibility to provide supervision while the teacher is providing services in the home.*** You or another mutually agreed upon adult must be readily available in the area of instruction.
- Absences from homebound sessions, excused and unexcused are reported to home schools. Absences could affect the student's loss of course credit.
- It is critical that parents/guardians establish and supervise study periods for homebound students ***every day*** of the school week. ***Students are required to work on assignments outside of his/her time with the Homebound teacher to ensure completed assignments are turned in weekly!***
- Homebound instruction ***may be terminated*** if the student consistently fails to be available for instructional sessions, does not adhere to program guidelines, or if anyone in the home demonstrates aggressive verbal or physical actions toward the homebound teacher.
- If your child or another family member is ill or has a contagious disease, notify the homebound teacher as early as possible.
- Pets will need to be removed from the area of study during homebound sessions IF they are in the home.
- Notify the homebound teacher 24 hours in advance to cancel an appointment for instruction. If the homebound teacher is not notified, and the student is not available for instruction at the scheduled time, then the student will be considered absent without excuse.
- Because of the other responsibilities required of our homebound teachers, ***it is difficult to reschedule teaching sessions,*** therefore it is important for the parent/ guardian and homebound student to schedule all other necessary appointments at times other than the times established for homebound sessions.
- Home school classroom teachers generate homebound student's assignments, grade returned work, and issue grades for homebound students. Homebound teachers are available for consultation and input.
- When possible use the homebound teacher's voice mail number or email for communications.
- The parent/guardian/chaperone is left with a worklist at the end of each instructional session. The worklist contains notes related to that day's lessons, ***homework to be completed,*** and upcoming tests. **This Form Must Be Signed!**

Please note, homebound service times cannot be adjusted by the assigned teacher. Students are assigned to teachers based on academic areas and schedule availability.

1) I authorize my child to participate in homebound /hospital services and will support his/her homebound instruction program.
2) I authorize the release of any medical, psychological, or educational information relating to my child and necessary for homebound instruction or for transitioning back to school.
3) This form has been reviewed with school personnel. YES _____ NO _____

Name _____ Relationship _____ Phone _____

Parent/Guardian Signature _____ Date _____