

**St. Lucie Public Schools**  
**Homebound Hospitalized Program Parent/Guardian Responsibilities**

Dear Parents/Guardians of \_\_\_\_\_:

Your child has met the eligibility requirements for the Homebound Hospitalized Program as outlined in Rule 6A-6.03020, Florida Administrative Code (FAC.). The rule requirements include that the parent, guardian, or primary caregiver signs a parent agreement concerning homebound or hospitalized policies and parental cooperation. All other eligibility requirements were reviewed at the eligibility determination meeting.

Please read the following parent responsibilities and sign below confirming that you understand and agree to abide by the following guidelines. The success of the instruction and the progress of the student depend greatly upon your cooperation and home planning.

**Teacher/Student Environment:**

- ✓ A responsible adult, eighteen (18) years or older, must be present in the home if the teacher is present. If the attending adult must leave the home during the session, the teacher must also leave.
- ✓ The parent, adult, caregiver shall provide a quiet, clean, and well-ventilated setting where the teacher and student will work without interruptions.
- ✓ All visitors, pets, siblings, and children will be kept out of the room during instructional time with the teacher.

**Readiness:**

- ✓ A daily schedule for the student must be established by the parent for the student to study/complete assignments between teacher visits. The parent will provide the necessary supervision for the student to complete assignments taking in account the student's medical condition and the requirements of the student's coursework. The student is responsible for completing work assigned by the teacher with the expectation it will be complete by the next teacher/student session.
- ✓ Books, pencils, paper, and other materials must be ready for each instructional or testing session.

**Absences:**

- ✓ It is important that your child attend all instructional appointments. In case of an emergency, the parent will contact the teacher at least 3 hours prior to the scheduled instructional time.
- ✓ Unexcused absences may impact the continuation of HH services.

**Request for Extension of HH Services:**

- ✓ If there is a need for the student to remain in the HH program beyond the duration date specified by the physician in the original referral, a doctor's "Medical Update Form" available from the Homebound Office or a statement on the referring physician's letterhead must be completed including the extension date and the specific reason for extension in order for the student to remain in the Homebound Hospitalized Program. The extension MUST be received prior to the original return to school date or last date of IEP services. If the extension is not received at the HH Office prior to the original return to school date, a new referral will need to be completed to consider continued eligibility.

**Return to School:**

- ✓ A Doctor's Release form must be signed by the student's physician before he/she can return to school. A note on the physician's prescription form will suffice.
- ✓ Parents will inform the HH teacher of the anticipated date the student is expected to return to the regular school.
- ✓ ALL students' returning to the regular school MUST re-register with the regular school guidance department. Parents/Guardians must accompany student to re-register. If the student is returning to school PRIOR to the anticipated date, the "Doctor's Release Form" or release prescription must be presented to the school.

**Program Dismissal May Be Recommended Based on any of the Following:**

- ✓ The student has excessive absences, non-attendance, or failure to keep scheduled instructional meeting dates.
- ✓ The student is employed, goes on vacation during the school session, participates in extracurricular activities, or is no longer confined to the home or hospital.
- ✓ The student does not participate in instruction and complete assignments.

**NOTE: If the student becomes ill with a communicable or contagious disease, the parent/guardian/caregiver MUST notify the HH teacher to reschedule the upcoming visit(s) until the student has been cleared by the doctor.**

**I agree to all the above conditions and understand that failure to comply with any of the criteria in this agreement may result in my child's dismissal from the HH Program.**

\_\_\_\_\_  
Parent/Guardian/Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ESE Specialist

\_\_\_\_\_  
Date