

Section 1 is to be completed by the parent, nurse or homebound coordinator at the attendance school. Sections 2,3,4,5 are to be completed by the Psychiatrist. Section 6 is to be completed by the School Nurse. **ALL SECTIONS MUST BE COMPLETED BEFORE THE FORM WILL BE REVIEWED AND CONSIDERED.**

Some students need adjustments to their educational school program due to medical, physical or psychiatric conditions. In these unique instances, educational instruction may be provided in the home, hospital or treatment center. These instructional sites do not replicate actual classrooms and instruction is not a comparable alternative to daily school classroom instruction. Please complete this form for your patient who meets these distinctive conditions.

AN UPDATED PSYCHIATRIC REFERRAL WILL BE REQUIRED EVERY MONTH. PSYCHIATRIC REFERRAL MUST BE COMPLETED BY LICENSED PSYCHIATRIST.

Send the **Psychiatric Referral, Teacher Application, and Teacher Acknowledgment** to the Home and Hospital Instruction Program via email at homeandhospital@cps.edu.

1. STUDENT INFORMATION (completed by the School Nurse or School Homebound Coordinator)

Student's Name _____ School Name _____ Area _____
 Today's Date _____ Date of Birth _____
 Completed by _____ CPS ID# _____
 Grade _____ Parent or Guardian _____
 Home Phone Number _____ Cell Number _____ Work Phone Number _____
 Home Address _____ Home Email Address _____

2. PSYCHIATRIST INFORMATION (completed by the Psychiatrist)

Psychiatrist's Name (Print) _____ Psychiatrist's License Number _____
 Psychiatrist's Specialty (area of practice) _____
 Phone _____ Fax _____ Psychiatrist's E-Mail _____
 Hospital(s) Affiliation(s) _____
 Psychiatrist's Signature _____ Date Signed _____

3. STUDENT ELIGIBILITY (completed by the Psychiatrist)

Date of Most Recent Psychiatric Examination _____
 Diagnosis Affecting School Attendance _____
 Pertinent Information Which Includes How the Student's Psychiatric Condition Affects the Student's Ability to Attend School





Form 2 Psychiatric Referral for Adjustment of Educational Program rev 7-2015

Specify Ongoing Treatment and/Interventions for Psychiatric Condition that precludes the student's attendance in school

Psychiatric Diagnosis _____ Medications _____

4. TEACHING INSTRUCTIONAL DELIVERY SITE (COMPLETED BY THE PSYCHIATRIST). SELECT THE APPROPRIATE TEACHING SITE FOR THE STUDENT NAMED IN THIS REFERRAL.

- Hospital Teaching** **Treatment Center Teaching** **Homebound Teaching** **Intermittent Home Teaching**

Facility _____
Name _____
Student is hospitalized

Facility _____
Name _____
Student has been placed by the district or a court system

Student is anticipated to be to be absent

Student is chronically ill and may be absent periodically throughout the year

Start Date _____
End Date _____

Start Date _____
End Date _____

Start Date _____
End Date _____

Start Date _____
End Date _____

5. TRANSITION BACK TO SCHOOL (completed by the Psychiatrist)

- Return to school with **no** restrictions
- Restrictions are to be determined **after** return to school
- Return to school with designated restrictions (Specify the nature and extent of the restrictions)

Specify _____

6. SCHOOL NURSE INFORMATION (completed by School Nurse)

I _____ (print name of the School Nurse) contacted the student's Psychiatrist on _____ (specify the date).

In addition, I reviewed all sections of the Psychiatric Referral Form and consider the information to be complete and correct.

I _____ (check one) Agree Disagree with the need for homebound instruction.
Print Name

Date Psychiatrist contacted _____

Date reviewed by School Nurse _____

School Nurse's signature _____

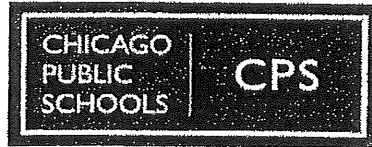




PARENT TO COMPLETE

ODLSS

Office of DIVERSE LEARNER SUPPORTS + SERVICES



PARENT'S AUTHORIZATION TO RELEASE MEDICAL RECORDS

SCHOOL _____ RE: _____
Family Name First

HOME ADDRESS _____ ID NUMBER _____

DATE OF BIRTH _____ PARENT EMAIL (REQUIRED) _____

PARENTS CONTACT PHONE NUMBER (REQUIRED) _____

I, _____
Father
Mother of _____
Guardian Student

Hereby authorize 1. _____ 2. _____ 3. _____
DOCTOR(S) NAME

1. _____ 2. _____ 3. _____
Dr. Phone and fax number

To release my child's medical records to the Chicago Public Schools. This information is required for the following reason (specify purpose):

TO ALLOW THE SCHOOL TO OBTAIN MEDICAL INFORMATION PERTAINING TO THE STUDENT'S MEDICAL AND OR BEHAVIORAL HEALTH CONDITION TO ESTABLISH A PLAN TO MAINTAIN HEALTH AND SAFETY OF THE STUDENT DURING SCHOOL HOURS. ALL INFORMATION OBTAINED BY THE SCHOOL IS KEPT STRICTLY CONFIDENTIAL UNDER HIPPA GUIDELINES. (if there are limits to the information you wish shared please note below or cross off above and initial)

This authorization for disclosure is valid until _____, 20__ and, I understand that I may withdraw this authorization at any time. This authorization complies with the Health Insurance Portability and Accountability Act ("HIPAA") privacy provisions.

I understand that I have the right to inspect the information disclosed.

DATE

SIGNATURE OF CONSENTING PARTY

SIGNATURE OF STUDENT IF 13 OR OLDER

SIGNATURE OF WITNESS /RELATIONSHIP TO THOSE CONSENTING



Chicago Public Schools Home and Hospital Instruction Program Frequently Asked Questions for Parents

1. If my child is unable to attend school as a result of a diagnosed medical or psychiatric condition, what services are available?

Students are expected to attend school to the fullest extent possible, but homebound instruction may be provided to students who have a diagnosed medical or psychiatric condition preventing them from participating in classroom instruction because they are limited to home or a health care facility.

2. What department/program within Chicago Public Schools (CPS) is responsible for coordinating this service for my child?

The CPS Office of Diverse Learner Supports and Services' Home and Hospital Instruction Program determines eligibility for homebound instruction based on the Illinois Department of Education Guidelines. Approval of students for homebound instruction requires medical documentation submitted by a licensed medical professional and information provided by school staff members. Approval is determined on the basis of the documented need for service.

3. What is the main goal of the ODLSS Home and Hospital Instruction Program?

The main goal of homebound services is to provide your child access to continuous instruction while s/he is away from school managing their illness. This program strives to keep your child current with classroom instruction and facilitate their return to the classroom setting. Homebound instruction is not intended to replace school service and is, by design, temporary. It is not a remediation program and is not designed to provide students with time to make up previously missed assignments. The goal of homebound instruction is to keep your child as current as possible with classroom instruction.

4. How do I request homebound instruction for my child?

You must submit a completed medical or psychiatric referral for review and consideration. You may request this form from the School Homebound Coordinator at your child's school of enrollment. Every CPS school has a School Homebound Coordinator.

5. What are the hours and location of homebound instruction?

Based on a regular five-day school week, your child will receive one hour of instruction. Homebound instruction is provided after regular school hours, before 7:00pm and it is provided only on days when CPS school is in session. Homebound instruction will be provided in your family's home and an adult must be present at all times.



6. How is student attendance recorded for my child while s/he is receiving homebound instruction?

All students approved to receive education services at home will receive ½-day of student attendance credit on days of instruction.

7. Who provides homebound instruction to my child?

The School Homebound Coordinator at your child's school of enrollment identifies a Homebound Teacher to support your child. Homebound Teachers must hold a current Illinois license and are approved by the CPS Office of Diverse Learner Supports and Services. If your child is a diverse learner and is eligible for special education services, homebound instruction will be provided by a teacher who holds a current LBS1 Certification.

8. What courses are supported during homebound instruction?

Instructional support is provided for core academic classes: English, Science, Social Studies, and Math. All assignments and materials provided by your child's classroom teacher will be used by the identified homebound teacher. Within five school days of the medical referral date, the School Homebound Coordinator is responsible for arranging and notifying you of the Education Planning Meeting. The main purpose of the Educational Planning Meeting is to design a plan of instruction for your child. During this Educational Planning Meeting, you will discuss and document curriculum, accommodations or modifications to the curriculum, expectation of completed classwork, grades, and grading criteria.

9. Who will be responsible for recording my child's grades for all completed work?

Your child's classroom teacher is the teacher of record and is responsible for assigning quarter, semester, and final grades in collaboration with the homebound teacher.

10. What happens if my child has to miss a homebound session with the teacher? Are there make-up sessions in homebound?

There are no make-up sessions in homebound as your child's attendance is recorded daily when instruction is provided.

11. What happens if my child requires an extension of homebound instruction?

In order to continue homebound instruction beyond the termination date (homebound eligibility end date), please submit an updated medical referral to the School Homebound Coordinator at your child's school of enrollment.

Additional questions may be directed to the following contacts:

The School Homebound Coordinator at your child's school of enrollment

The ODLSS Home and Hospital Instruction Program Mailbox at homeandhospital@cps.edu

Tora Evans, Manager, ODLSS Home and Hospital Instruction Program at tevans@cps.edu