



Referral for Adjustment of Educational Program

rev 1-2019

Some students need adjustments to their educational school program due to medical, physical or psychiatric conditions. In these unique instances, instruction may be provided in the home, hospital or treatment center setting. Please complete this form for your student/patient who may meet these distinctive conditions.

Section 1 is to be completed by the parent, nurse or homebound coordinator at the attendance school.

Sections 2, 3 and 4 are to be completed by the Physician. These sections may be completed by a physician licensed to practice medicine in all of its branches, licensed physician's assistant or licensed advanced practice nurse.

Section 5 is to be completed by the School Nurse.

AN UPDATED MEDICAL REFERRAL WILL BE REQUIRED EVERY ONE TO THREE MONTHS DEPENDING ON THE NATURE AND EXTENT OF THE CHILD'S PRESENTING CONDITION. ALL SECTIONS MUST BE COMPLETED BEFORE THE FORM WILL BE REVIEWED AND CONSIDERED.

Send the Medical Referral, Teacher Application, and Teacher Acknowledgment to the Home and Hospital Instruction Program via Google form.

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

Student's Name _____ School Name _____
 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. PHYSICIAN INFORMATION (completed by the Physician)

Physician's Complete Name (Print) _____ Physician's NPI _____
 Physician's Specialty (area of practice) _____
 Phone _____ Fax _____ Physician's E-Mail _____
 Hospital(s) Affiliation(s) _____
 Physician's Signature _____ Date Signed _____

3. STUDENT ELIGIBILITY (completed by the Physician)

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





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

Medications _____

Pregnancy-Related Condition(s)- Students who are pregnant are not eligible for homebound instruction unless there are complications associated with the pregnancy, such as toxemia or miscarriage.

Anticipated Delivery Date _____ Actual Delivery Date _____

Complications Associated with Pregnancy/Delivery? (Please Check One Box) Yes No

If yes, specify the complications _____

Health of the Baby _____

Postpartum/Aftercare-Typically, students return to school after six (6) weeks of homebound instruction unless there were delivery complications, such as a Cesarean section.

4. TEACHING INSTRUCTIONAL DELIVERY SITE (COMPLETED BY THE PHYSICIAN). SELECT THE APPROPRIATE TEACHING SITE FOR THE STUDENT. INDICATE THE ANTICIPATED DURATION OF THE STUDENT'S ABSENCE.

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

Facility _____
Name _____
Student is hospitalized for an acute or chronic medical condition

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. SCHOOL NURSE INFORMATION (completed by School Nurse)

I _____ (print name of the school nurse) reviewed all sections of the referral form and consider the information to be complete and correct.

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

Date reviewed by School Nurse _____

School Nurse's signature _____



Consent for Release/Exchange of Student Records and Information

Student's Name: _____ Date of Birth: ____/____/____

I hereby give permission to release/exchange/disclose the following:

All School Student Records, including, but not limited to: personally identifying information; cumulative-permanent record; special education records; academic transcript; discipline records; health records; attendance records; and test scores.

Only Specific School Records:

- | | |
|---|--|
| <input type="checkbox"/> Personally Identifying Information | <input type="checkbox"/> Special Education Record (e.g. IEP, Evaluations, 504 Plans) |
| <input type="checkbox"/> Cumulative/Permanent Record | <input type="checkbox"/> Health Records |
| <input type="checkbox"/> Progress Monitoring Data | <input type="checkbox"/> Attendance Records |
| <input type="checkbox"/> Other (Specify): _____ | <input type="checkbox"/> Disciplinary Records |
| | <input type="checkbox"/> Test Scores |

Health/Medical Information:

- Any and all records in the possession of _____ including mental health, HIV and/or substance abuse records
- Records regarding treatment for the following condition or injury _____
- Records covering the period of time between _____ and _____
- Other: ALL MEDICAL/BEHAVIORAL HEALTH RECORDS THAT MAY IMPACT ON STUDENTS EDUCATIONAL PERFORMANCE.

This information is to be released/exchanged between:

Agency/Doctor: 1) _____ 2) _____ **AND** Chicago Public Schools, District #299
 Phone: 1) _____ 2) _____ School/Department: _____
 FAX 1) _____ 2) _____ Attn: _____

Purpose: This information is to be disclosed upon request and will be used for the following purpose(s):

- | | |
|---|--|
| <input checked="" type="checkbox"/> Educational evaluation and program planning | <input checked="" type="checkbox"/> Medical evaluation and treatment |
| <input checked="" type="checkbox"/> Health assessment and planning | <input type="checkbox"/> Referral to a separate day school/residential facility ⁺ |
| <input checked="" type="checkbox"/> Independent Educational Evaluation | <input type="checkbox"/> Other: _____ |

These disclosures are authorized pursuant to the *Family Education Rights and Privacy Act* (20 U.S.C. Section 1232g), the *Illinois School Student Records Act* (105 ILCS 10/1 et seq.), and the *Illinois Mental Health and Developmental Disability Confidentiality Act* (740 ILCS 110/1 et seq.). I understand that I have the right to inspect and copy the information to be disclosed, challenge its contents, and limit my consent to designated records or portions of the information contained in those records. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent to the local school district representative. I understand that my revocation of this authorization will not be effective for actions taken by the school district or health care provider in reliance upon my authorization and prior to notice of my revocation. I understand that failing to authorize disclosure of records may adversely impact the educational programming and/or medical treatment for my child. I recognize that health records, once received by the school district may not be protected by HIPAA Privacy Rules, but will become educational records protected by the *Family Educational Rights and Privacy Act* (20 U.S.C. Section 1232g). I understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care. I understand that I have the right to inspect and copy educational records and to challenge their contents. ⁺I acknowledge that limiting the release/exchange or disclosure of records to one separate day school/residential facility may impact the District's ability to timely place the Student in a non-public facility.

This authorization is valid for one (1) calendar year from the date of signed consent indicated below.

Parent Signature Date

Student Signature* Date

Witness Signature Date

*Student signature required for mental health records if Student is 12 years of age or older



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