



## Bullitt County Public Schools

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1040 Highway 44 East  
Shepherdsville, Kentucky 40165

502-869-8000  
Fax 502-921-9467  
www.bullittschools.org

**TO:** Parent(s), Legal Guardian(s) and Students Requesting Home/Hospital Instruction  
**FROM:** Emily Hurst-Jones  
**SUBJECT:** **Procedures for Requesting Home/Hospital Instruction**

The following information is included with this letter:

Eligibility sheet for Home/Hospital Instruction

Home/Hospital Instruction application:

Section I – completed by parent(s)/legal guardian(s)

Section II – completed by a licensed authorized professional

After reviewing the attached information, complete Section I of the application and promptly submit Section II of the application to your doctor for completion. Make sure that all questions are legible and complete, as this will assure that your application will be processed in a timely manner.

Please submit the completed application to the Bullitt County Board of Education directed to the attention of Emily Hurst-Jones. The Home/Hospital Review Committee will review the application and contact you regarding the status of your application.

**While the student's application is being processed, s/he is expected to attend school. If it is not possible for the student to attend school then it is the parent(s)/legal guardian(s) responsibility to keep in communication with the school and pick up assignments from classroom teachers until a decision has been made concerning the status of the application.**

I look forward to meeting you and working with your child. Should you have further questions, feel free to contact me at 869-8000 at extension number 8113.

## **HOME/HOSPITAL INSTRUCTION PROGRAM STUDENT ELIGIBILITY INFORMATION**

### ***A STUDENT MAY BE ELIGIBLE FOR HOME/HOSPITAL INSTRUCTION IF:***

- A licensed health professional verifies that the student is in need of home/hospital instruction services due to a medical condition that prevents the student from attending school.
- The licensed health professional completing section II of the application is the person treating the student with credentials appropriate to the condition for which home/hospital instruction is being requested.
- An application for home/hospital instruction has been submitted and approved by the Home/Hospital Review Committee. The home/hospital teacher will notify you upon the approval of the application and schedule a time for two (2) one-hour visits of instruction per week.

### ***ELIGIBILITY FOR HOME/HOSPITAL INSTRUCTION DUE TO PREGNANCY:***

- Barring complications, pregnancy does not constitute a need for home/hospital instruction. It is the intent of the Bullitt County Schools that students who are pregnant remain in school as long as is medically feasible.
- Students will be released from the Home/Hospital Instruction Program to return to school six weeks from the birth of their baby. A student may return to school earlier than six weeks after the birth of the baby by submitting a written doctor's release to the home/hospital instructor or to the student's home school.

### ***PARENT OR LEGAL GUARDIAN/STUDENT RESPONSIBILITIES:***

- Students are to be available for instruction between the hours of 8:00 a.m. and 3:00 p.m.
- A responsible adult must be present during home/hospital instruction visits.
- An adequate work area free from distractions such as radio, stereo or television needs to be arranged.
- Visits should be cancelled only in case of an emergency, including the occurrence of infectious illness to which the home/hospital teacher may be exposed to within the home. Please inform the home/hospital teacher as far in advance as possible of a cancellation.
- Missing a scheduled home/hospital instruction visit counts as 2 ½ days of absences.
- Animals are to be restrained from the work area during the home visit.
- The area in which the student and teacher work is to be smoke free.

### ***MISCELLANEOUS:***

- Any student requiring home/hospital instruction services for six (6) months or more must submit an additional application completed by a different licensed authorized professional.
- A student is not considered enrolled in the home/hospital instruction program until all components of the application have been received and approved by the home/hospital instruction review committee.
- A student is not permitted to work or participate in athletic activities while receiving home/hospital instruction.
- High School students may be restricted as to the number of courses that can be completed through home/hospital instruction.
- The home/hospital instruction program follows the school calendar as well as official announcements of school cancellation due to inclement weather.

**Application for Home/Hospital Instruction**

(Please type or print neatly)

**Parent/Student Information**

**SECTION I**

To be completed by the parent(s)/guardian(s) prior to full completion by the licensed medical or mental health professional.

NAME OF STUDENT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS OF STUDENT \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SEX \_\_\_ RACE \_\_\_ SOCIAL SECURITY/STUDENT ID# \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

FULL NAME OF FATHER/GUARDIAN \_\_\_\_\_ WORK PHONE \_\_\_\_\_

FULL NAME OF MOTHER/GUARDIAN \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SCHOOL DISTRICT \_\_\_\_\_ SCHOOL \_\_\_\_\_

GRADE \_\_\_\_\_ COUNTY OF RESIDENCE \_\_\_\_\_

DATE STUDENT LAST DATE ATTENDED SCHOOL \_\_\_\_\_

SPECIAL EDUCATION STUDENT  YES  NO

504 ACCOMMODATION PLAN  YES  NO

LIST ANY SPECIAL EDUCATION PROGRAMS IN WHICH YOUR SON OR DAUGHTER MAY BE ENROLLED: \_\_\_\_\_

Directions to Student's Home \_\_\_\_\_

Pursuant to KRS 159.030, Section (2), before granting an exemption, the Board of Education shall require satisfactory evidence, in the form of a signed statement of a licensed physician, Advanced Practice Registered Nurse, psychologist, psychiatrist, chiropractor, or public health officer, that the condition of the child prevents or renders inadvisable attendance at school or application to study. On the basis of such evidence, the Board may exempt the child from compulsory attendance. Eligibility for home/hospital instruction for students with disabilities shall be determined by the Admissions and Release Committee (ARC) in accordance with their Individual Education Program (IEP). In lieu of this application, the ARC chairperson shall provide written notice of this eligibility to the local Director of Pupil Personal (DPP) for purposes of program enrollment.

Any child who is excused from school attendance more than six (6) months must have two (2) signed statements from two (2) different local health personnel which can be a combination of the following professional persons: a licensed physician, Advanced Practice Registered Nurse, psychologist, psychiatrist, chiropractor, and health officer. If a medical professional certifies that a student has a chronic physical condition unlikely to substantially improve within one (1) year, then the one signed statement is sufficient for services that extend beyond six (6) months. This exception does not apply to students with mental health conditions.

Exemptions of all children must be reviewed annually with the evidence required being updated, except that children with disabilities certified by a medical professional to have a chronic physical condition unlikely to substantially improve within three (3) years may continue to be eligible for home/hospital instruction services, based on the admissions and release committee's (ARC) annual review of documentation to determine if updated evidence is required. Updated documentation of evidence of need for home/hospital services for children with chronic physical conditions shall be provided as requested by the ARC, or at least every three (3) years.

Pursuant to 704 KAR 7:120, the condition of pregnancy is not to be considered physical or health impairment in and of itself, and the nature and extent of any complication shall be delineated prior to consideration of home/hospital instruction for this condition.

**RELEASE OF INFORMATION**

I understand that the Home/Hospital Review Committee may request a review of the information provided on these forms by local health personnel. I hereby authorize this committee to have access to pertinent information regarding this request.

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

\_\_\_\_\_  
Date

**Application for Home/Hospital Instruction**

(Please type or print neatly)

**PROFESSIONAL STATEMENT**

**SECTION II**

This section is to be filled out by the authorized health professional.

It shall be determined that a child or youth is to be provided home/hospital instruction if the condition of the child or youth prevents or renders inadvisable attendance at school as verified by signed professional statement in accordance with KRS 159.030 (2) and 704 KAR 7:120.

Please Note: Home Instruction (homebound) is a **short-term** instruction provided in a home or other designated site for a student who is **temporarily** unable to attend school. According to state guidelines, **two (2) hours of home instruction each week** is the equivalent to one full week of school attendance. **Home instruction is not designed to take the place of a more appropriate school placement.**

NAME OF STUDENT \_\_\_\_\_

Please check one of the following:

The student can attend school without any type of modifications or special provisions.

*Comments* \_\_\_\_\_

The student can attend school only with modifications or special provisions.

*Describe Modifications Needed* \_\_\_\_\_

I do not support home/hospital instruction for the student. If you do **not** support home/hospital instruction at this time, please state your concerns and/or recommendations:

\_\_\_\_\_  
\_\_\_\_\_

I do support home/hospital instruction, as this student is unable to attend school at this time due to health concerns. (If checked, please complete the rest of this section).

DIAGNOSIS: \_\_\_\_\_ PROGNOSIS:  GOOD  FAIR  POOR

Specific reason(s) why the student is unable to attend school at this time: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How long have you been seeing the patient for the diagnosis listed? \_\_\_\_\_

Approximate length of time student will need home/Hospital Instruction \_\_\_\_\_

Please summarize test and all other data collected that supports the need for Home/Hospital Instruction at this time. \_\_\_\_\_

\_\_\_\_\_

