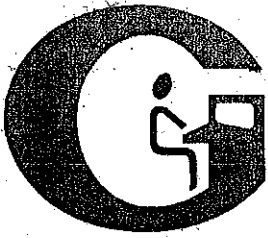


Title: HOMEBOUND INSTRUCTION

Gilmer County Schools will provide homebound teaching services for students who will be unable to attend school for a period that will last more than three weeks. Reasons for absences must be certified by a licensed physician. Students with injuries, noncommunicable illnesses or other restrictive health conditions are eligible for these services. Prior to the assignment of a homebound instructor, the parent must submit a request with a physician's report to the principal.

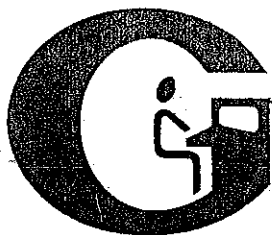


Gilmer County Schools

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(304) 462-7386

Homebound Instruction Procedures

1. The parent/guardian must complete a Request for Homebound Instruction (form) and submit it to the principal.
2. A Physician's Report is required prior to assignment of a homebound instructor by the principal.
3. Upon receipt of the Physician's Report, the principal will complete a Principal's Permission for Homebound (form).
4. A conference shall be held by the principal that may include: the homebound instructor, parent/guardian, counselor and regular instructor(s). This conference shall detail the course requirements, reporting procedures, contact with the regular instructor, establishing course grades, issuance of a report card and all other details for the successful continuance of instruction.
5. A Homebound Instruction Agreement must be signed by student, parent/guardian and homebound instructor.
6. It shall be the responsibility of the Homebound Instructor to complete a Homebound Report of Termination and Grade Report Form upon termination of services.
7. In the event a situation dictates extended homebound services a physician's statement of need must be submitted when the term of instruction reaches three months in length.
8. Copies of all required forms will be placed in the student's permanent file.



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Homebound Instruction Grade Report Form

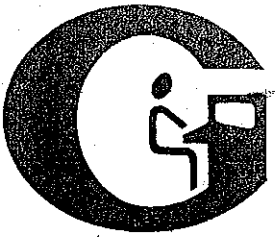
(To be completed by homebound instructor upon termination of homebound instruction and at the end of each grading period.)

_____ Student's Name		_____ Grade
_____ School		_____ Subject
_____ Period Covered	_____ Number Hours Taught	_____ Course Grade

NARRATIVE DESCRIPTION OF INSTRUCTION:

Instructor's Signature

Date



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PRINCIPAL'S PERMISSION FOR HOMEBOUND INSTRUCTION

I, _____, principal of _____,

grant permission for _____ to receive homebound instruction

based on the following information.

Student Name: _____

Reason(s): _____

Physician's Report received: _____
Date

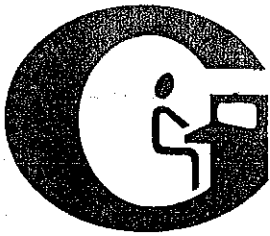
Estimated Duration*: _____

* Please Note: an additional doctor's statement is required at the end of three months if additional instruction is needed.

Homebound Instructor: _____

Principal Signature

Date



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REQUEST FOR HOMEBOUND INSTRUCTION

I, _____, request that my child, _____,

be provided homebound instruction for the following reason(s):

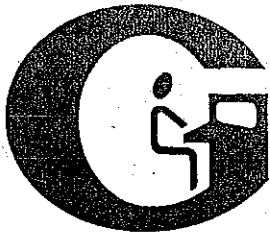
I anticipate the duration to be _____.

(Days, weeks)

I understand that I must secure a Physician's Report prior to the principal being able to grant this request.

Parent Signature

Date



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Student's Name _____
Physician's Name _____
Address _____
Phone _____

Physician's Report

Note to the Physician: It will be assumed that questions not answered are either negative or not applicable to this child. You may, if you prefer, write your report in narrative form and attach to this application. For children defined as legally blind, this report will be completed by an eye specialist and his/her diagnosis must give the best objective measurements to visual acuity. All students must anticipate being absent from school three weeks or more before they are eligible for homebound instruction.

A. For ALL Students

1. Do you find evidence of a physically handicapping condition? _____
2. Why does this student need homebound instruction? (Diagnosis) _____

3. Expected date of return to school. _____

4. When able to attend school, what limitations should be placed on:
 - a. time spent in school _____
 - b. physical activity at school _____

B. For Physical Handicaps

5. Does this student require any special appliances such as braces, crutches, wheelchair or other? (Specify) _____

C. For Pregnancy

6. Does this student have medical complications that will prevent attendance in regular classes prior to the seventh month of pregnancy? _____
If so, to what extent will she be disabled? _____

D. Date of re-examinations _____

E. How long each week should this child participate in home instruction? _____

Physician's Signature _____
Date _____