



Dear Parent(s)/Legal Guardian(s):

Carroll County Public Schools' (CCPS) home & hospital teaching program provides instructional continuity to students who are unable to attend their regular school of enrollment due to physical illness/injury, emotional condition, pregnancy, or a chronic health impairment. Home & hospital teaching is a short-term instructional service mandated by state law with specific guidelines for program implementation and delivery. Home & hospital teaching services allow students the opportunity to continue their academic education as they prepare for their eventual return to the school building.

In order to qualify for home & hospital teaching services, the student must be expected to be absent from school for a projected period of fifteen (15) consecutive school days or more as a result of physical or emotional problems or has a history of intermittent absences due to a chronic health impairment.

Students enrolled in elementary or middle school will receive a maximum of six (6) hours of instruction per week. Students enrolled in high school will receive a maximum of eight (8) hours of instruction per week.

PHYSICAL ILLNESS/INJURY, PREGNANCY, OR CHRONIC HEALTH IMPAIRMENT

Obtain a Medical Professional's Recommendation for Home & Hospital Teaching (*Physical Only*) form. Complete the parent/legal guardian section and forward the form to the appropriate medical professional. The completion of the form authorizes CCPS staff to communicate with your medical professional. Please note that failure to sign the release of information may result in denial of home & hospital teaching services.

- **Physical Illness/Injury:** A licensed physician or certified nurse practitioner (CNP) must complete all information in the medical professional section, including the anticipated date the student will return to school.
- **Pregnancy:** Pregnant students are expected to attend school during their pregnancy. The medical professional must provide an estimated date of delivery on the home & hospital teaching recommendation form. Home & hospital teaching services are provided for six (6) weeks postpartum.
- **Chronic Health Impairment:** Students diagnosed as having a chronic health impairment (such as cancer, asthma, sickle cell anemia, kidney failure, juvenile diabetes, cystic fibrosis, or cardiac disorders) may be eligible for full-time, part-time, or concurrent home & hospital teaching services. For concurrent approval, the physician's statement must indicate that the illness will cause frequent intermittent absences of 20% or more of the school year. Concurrent home & hospital teaching services are provided to the student during intermittent absences of at least three (3) consecutive school days due to the chronic illness.

The medical professional should return the completed form to the Student Services Department **by faxing it to 410-751-3695, Attention: Home & Hospital Teaching Office**. Upon receipt of the form, CCPS staff will determine if home & hospital teaching services are appropriate. If the service is determined to be appropriate and is approved, an instructional plan will be developed with the student's home school. CCPS provides home & hospital teaching through an on-line provider, as well as with individually assigned home & hospital instructors at the student's home. CCPS requires that a responsible adult (18 years of age or older) must be present throughout the duration of the home & hospital teaching session if the home & hospital instructor is coming to the home. The assigned instructor or on-line provider will contact the parent/legal guardian directly to schedule teaching sessions.

Maryland State Department of Education regulations require a review and re-verification of home & hospital teaching services after **60 calendar days** of service to determine if home & hospital teaching services will continue.

If you have any questions, please feel free to contact Mr. Don M. Mongold, Supervisor of Student Services – Pupil Services, at 410-751-3110 or dmongo@carrollk12.org

Note: Students may be assigned one or more home & hospital instructors at the school system's discretion. Services may be provided in person or via the internet. **Please be aware that home & hospital teaching does not replicate the classroom experience and is not intended to help students make up past work prior to the home & hospital teaching approval period.**

Sincerely,

Don M. Mongold

Don M. Mongold
Supervisor of Student Services – Pupil Services

MEDICAL PROFESSIONAL'S RECOMMENDATION FOR HOME & HOSPITAL TEACHING (*Physical Only*)

PARENT/LEGAL GUARDIAN	Date: _____ Student: _____ Date of Birth: _____
	Address: _____ (Street) (City) (State) (Zip)
	School: _____ Grade: _____
	Does the student have a current IEP? Yes <input type="checkbox"/> No <input type="checkbox"/> Does the student have a 504 plan? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Primary Phone: _____ Phone #2: _____ Phone #3: _____
	Parent E-Mail Address _____
	I am applying for home & hospital teaching for my child. I grant permission for the CCPS Student Services staff or their designee to contact and confer with the referring and treating medical professional(s) to exchange information about my child. This release is valid for one (1) year from the date signed. Failure to sign this release of information will result in denial of home & hospital teaching services.
	Parent or Legal Guardian Name (please print): _____
	Parent or Legal Guardian Signature: _____
	MEDICAL PROFESSIONAL
Description of Presenting Medical Problem: _____	
Reason student requires home & hospital teaching: _____	

Date of Last Appointment: _____ Frequency of Appointments: _____ (Student must have been seen by a <i>Licensed Physician or CNP</i> within one (1) week of recommendation.)	
Is the student contagious? Yes <input type="checkbox"/> No <input type="checkbox"/> Specify: _____	
Are there any precautions needed when teaching this student? _____	
If student is pregnant, what is the estimated date of delivery? _____ Home & hospital teaching is provided for 6 weeks postpartum.	
Please seriously consider any in-school accommodations or modifications, including partial-day attendance and/or alternative programs, before making the recommendation for home & hospital teaching.	
I recommend home & hospital teaching. Yes <input type="checkbox"/> No <input type="checkbox"/> Approximate Length of Time (60-Day max.): _____	
<input type="checkbox"/> Full-Time Home & Hospital Teaching = 6 – 8 HOURS OF INSTRUCTION PER WEEK (student will <u>NOT</u> attend school)	
<input type="checkbox"/> Part-Time Home & Hospital Teaching = 3 – 4 HOURS OF INSTRUCTION PER WEEK (student will attend half days on a <u>daily basis</u>)	
Anticipated Date of Return for Full or Part-Time Students: _____	
<input type="checkbox"/> Concurrent Home & Hospital Teaching = STUDENT ELIGIBLE FOR TUTORING AFTER 3-DAY CONSECUTIVE ABSENCE DUE TO CHRONIC CONDITION (anticipated 20% absence for school year)	
Treating <i>Licensed Physician/CNP</i> Name & Title (<i>Please Print</i>): _____	
Address: _____	
Phone Number: _____ Fax Number: _____	
E-mail Address: _____	
Signature of <i>Licensed Physician/CNP</i>: _____ Date: _____	

Please return completed form to the Student Services Department via FAX at 410-751-3695.

ATTN: Don M. Mongold, Supervisor of Student Services – Pupil Services

Phone: 410-751-3110

E-mail: dmmongo@carrollk12.org

For Office Use Only

Approved ☐ Denied ☐ Reason: _____

Signature: _____ Date: _____

CARROLL COUNTY PUBLIC SCHOOLS
PARENT/STUDENT RESPONSIBILITIES IN HOME & HOSPITAL TEACHING

Student Name: _____ Grade: _____ School: _____

Home & Hospital Instructor: _____ Date: _____

If your child is approved for CCPS home & hospital teaching services, the following guidelines have been developed in order to provide the best experience for your child during his/her participation in home & hospital teaching.

Parent/Legal Guardian Responsibilities:

- Obtain all books and materials from school for your child. If your child completed schoolwork before starting home & hospital teaching, please submit that work to the school.
- Provide a quiet atmosphere, appropriate setting, and proper supervision during home & hospital teaching sessions. Designate an area free from distractions for the home & hospital instructor and the student to work.
- Ensure that a responsible adult over age 18 is present during all sessions if a home & hospital instructor is coming to the home.
- Coordinate teaching dates/times with the home & hospital instructor. Notify the home & hospital instructor before the scheduled class time if your child is unable to participate in the day's lesson. Excused absences include sickness, a doctor's visit, or a death in the family. All absences will be reported to the school. Try to schedule appointments that do not conflict with scheduled class times.
- Cooperate with the home & hospital instructor and provide assistance in helping your child progress academically.
- Keep the home & hospital teaching office informed of any changes to your child's medical condition.
- Notify the home & hospital instructor and the home & hospital teaching office at 410-751-3145 as soon as you know your child will be released to return to school. Please provide the school with a medical release and/or relevant restrictions. This information can be faxed to 410-751-3695, or if you prefer, you may give it to the school office.

Student Responsibilities:

- Be present and on time for all home & hospital teaching appointments.
- Be prepared and complete all assignments.
- Present a positive attitude.
- Cooperate with the home & hospital instructor at all times.

Home & Hospital Teaching Hours Policy

- Home & hospital teaching services are made available to students on the days that school is in session. If school is closed one (1) or more days during the school week, the number of hours is prorated based on the number of days school is open. If school is closed for an entire week, no services are provided. Examples of non-school days include Election Day, Thanksgiving break, winter break, spring break, holidays, and snow days.
- If scheduled services are cancelled by the home & hospital instructor, an effort will be made to make up the time missed within a week.
- **If the student is unavailable for instruction due to illness, services may be made up within a week of the absence.**

Carroll County Public Schools' guidelines on home & hospital teaching state that:

"The presumption of the home & hospital teaching program is that students in such a status are truly home-bound or hospital-bound. **Therefore, the expectation is that students are not to be involved in such activities as employment, extended travel/vacations, and/or involvement with school social and extracurricular activities.** If such issues emerge in the course of a home & hospital teaching case, the Supervisor of Student Services – Pupil Services shall be informed immediately. In such cases, home & hospital teaching services may be terminated."

***In the event that the above conditions are not met, home & hospital teaching services will be discontinued until the Supervisor of Student Services – Pupil Services determines the next course of action.**

My signature indicates that I have read and understand the above responsibilities. Failure to accept and sign the parent/student responsibilities form may result in the denial of services.

Parent/Legal Guardian Name (Please Print)

Parent/Legal Guardian Signature

Date

Student Name (Please Print)

Student Signature

Date

**Please return this completed form to the Student Services Department via FAX at 410-751-3695,
Attention: Don M. Mongold, Supervisor of Student Services – Pupil Services
Phone: 410-751-3110 E-mail: dmmongo@carrollk12.org**