



**TALBOT COUNTY**  
*Public Schools*

...each student will learn, grow and succeed.

PROCEDURES FOR THE IMPLEMENTATION  
OF  
HOME/HOSPITAL INSTRUCTION

Talbot County Public Schools

P.O. Box 1029

Easton, Maryland 21601

Adopted 3/28/90

Revised 3/24/2009

For Administrative Use

## HOME/HOSPITAL INSTRUCTION

Home/Hospital Instruction is a service provided by Talbot County Public Schools to students who are physically, mentally, or emotionally unable to attend school for at least 3 weeks as certified by a medical specialist.

Home/Hospital Instruction is designed to provide the **homebound/hospitalized** student with instruction. This instruction is similar to what he/she would receive in regular classes. The Home/Hospital teacher assigned to the homebound/hospitalized student confers regularly with classroom teachers, the principal or his/her designee, and the Home/Hospital Coordinator so consistent service may be provided.

\* Students may not make up all work missed, but it is our intention to provide instruction in the essential subject areas: English/Language Arts, Math, and Science. We realize that students are ill and will not be able to endure the hectic, vigorous schedule of a regular school day/week. Grades will be frozen for the other subjects. The School Counselor along with Student Services Workers will determine which subjects the home/hospital instructor will teach.

### **General Information:**

1. A student will be placed on home/hospital instruction upon the written order of a licensed physician, certified psychologist or psychiatrist for at least 3 weeks. Permission will be granted with the approval of the Superintendent of Schools or his designee. Students that are physically, emotionally, or mentally unable to attend school may not participate in extra curricular activities, such as working, playing sports, or drivers education.  
  
\* If a student is out less than 3 weeks, the school will assist in providing all work missed and assist in transporting work between home and school if needed. The Home/Hospital Application should be filled out even if the student will be out of school less than 3 weeks.
2. Home/Hospital Instruction will be offered for six (6) hours per week for a full day program, three (3) hours per week for a half-day program. IEP will determine the hours for students receiving Special Education services.
3. Due to student or environmental limitations, certain subjects may not be appropriate for home/hospital instruction, as determined by the principal, counselor/ teacher, and the Office of Student Services.
4. Home/hospital instruction will be approved only for those students who are residents enrolled in Talbot County Public Schools.
5. Standard county report cards will be distributed to the parents/guardians or student receiving home/hospital instruction at the end of each marking period. Grades received during the period of home/hospital instruction are averaged in with grades received during regular classes for the report card.

6. Students who are identified as “disabled” and are receiving special education services will be processed through the IEP Committee when placed on home/hospital instruction.
7. Students on home/hospital instruction will be maintained on the regular school roll and counted present for the time they are receiving this instruction.
8. Home/hospital instruction will not be provided if a student is able to attend school daily for one or more classes.
9. Concurrent delivery of instructional services and enrollment in a public school shall be provided for a student whose physical condition requires the student to be absent from school on an intermittent basis. These conditions include, but are not limited to, kidney failure, cancer, asthma, cystic fibrosis, and sickle cell anemia.
10. Parents of students receiving home/hospital instruction are required to ensure that a responsible adult is present during instructional times. A public facility (i.e. library, church) where adults are present can be used if an adult cannot be present in the home.

# Responsibilities

**For:**

**Home Hospital Teacher**

**Classroom Teacher** (regular education and special education)

**Counselor**

**Office of Student Services**

**Student**

**Parent**

**The Home/Hospital teacher shall be responsible for:**

1. Contacting the student's parent/guardian to notify them of his/her identity, purpose, and to schedule teaching sessions.
2. Contacting the counselor or principal to make an appointment to meet with the teacher(s).
3. Conferring with the teacher(s) to receive assignments/materials. Return all completed assignments to teacher to be graded.

4. Maintaining contact with regular classroom teacher(s) at least once every two weeks.
5. Completing Bi-weekly Progress Reports and submitting them to Student Services Worker.
6. Ensuring that all payroll reports are completed, signed, and submitted directly to the Home/Hospital Coordinator either by the fifteenth or end of each month.
7. Returning all books, materials, forms, etc., to the proper personnel at the conclusion of the teaching assignment.
8. Contacting Student Service Worker upon completion of the teaching assignment.
9. Completing the student readmittance forms, sending one copy to Student Services Worker, and handing one to the student or parent/guardian to return to the attendance office at school.
10. Contacting the Office of Student Services if there are any questions or difficulties concerning the Home/Hospital assignment.

**The classroom teacher shall be responsible for:**

1. Meeting with the Home/Hospital teacher to set up the program - determining course objectives, gathering materials, determining grading procedures, and clarifying all issues related to the course work.
2. Being available bi-weekly to receive the Home/Hospital teacher's progress report for the student. Providing additional work.
3. Notifying the principal about program concerns.
4. Ensuring that all materials are returned.

**The counselor and/or principal shall be responsible for:**

1. Coordinating meetings with the Home/Hospital teacher and the classroom teacher(s).
2. Notifying the Student Services Worker about program concerns.
3. Monitoring the reporting of grades.
4. Assisting the student with the transition back to school.
5. Consulting with the Home/Hospital teacher as needed.

**Student Services shall be responsible for:**

1. Program implementation.
2. Program monitoring.
3. Program evaluation.

**The student shall be responsible for:**

1. Regular attendance.
2. Completing all assignments.
3. Demonstrating appropriate school behavior.

**The parent shall be responsible for:**

1. Ensuring that all assignments are completed.
2. Being present during all lessons on transporting the student to an agreed upon public facility (i.e. library, church, etc.) where adults are present.
3. Ensuring that there is no interference during instruction.
4. Providing an appropriate environment.
5. In consultation with the Home/Hospital teacher, determining the schedule. Students under 18 years of age are not permitted to set, change, or cancel sessions.

**To insure the success of home/hospital, the family is a very important link.**

# Home Hospital Forms

**HOME/HOSPITAL TEACHER'S INITIAL VISIT REPORT**

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Location where the instruction will take place (must be appropriate educational environment during the entire time; no interference):

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

If instruction does not take place in a public facility, name of adult who will be present for each session:

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

Schedule of teaching times (days and hours):

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

Did the parent receive a copy of the home/hospital procedures? \_\_\_\_\_

Signature of Home/Hospital Teacher:

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

Comments: \_\_\_\_\_

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

Please return to Home/hospital Facilitator at the Talbot County Education Center in the Office of Student Services.

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**BI-WEEKLY PROGRESS REPORT**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Home/Hospital Teacher: \_\_\_\_\_

Period: \_\_\_\_\_ to \_\_\_\_\_

Subject: \_\_\_\_\_ Progress

Course Objectives Covered

- 1.
- 2.
- 3.
- 4.

Subject: \_\_\_\_\_ Progress

Course Objectives Covered

- 1.
- 2.
- 3.
- 4.

Subject: \_\_\_\_\_ Progress

Course Objectives Covered

- 1.
- 2.
- 3.
- 4.

Please record comments on the back. Return a copy to the Student Services Facilitator, the student's teacher, or counselor, and keep a copy in the student's portfolio



P.O. Box 1029  
Easton, Maryland 21601  
(410) 822-0330

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**HOME/HOSPITAL TEACHING READMITTANCE FORM**

\_\_\_\_\_ is readmitted to school from

Home/Hospital Instruction as of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Home/Hospital Teacher

**Home Hospital Teacher:** Give one copy of this form to the student or parent/guardian and send one copy to the Student Services Worker.

**Student:** Present your copy of this form to the Attendance Officer when you return to school.



**HOME/HOSPITAL MATERIALS CHECK-OUT**

Home/Hospital Teacher's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Subject	Classroom Teacher	Inventory of Materials	Returned - Initialed by Classroom Teacher	Grade Determined by (Check One)
1.				H/H.T. C.T.
2.				H/H.T. C.T.
3.				H/H.T. C.T.
4.				H/H.T. C.T.

Home teaching is terminated and all materials have been returned.