SAGINAW TOWNSHIP COMMUNITY SCHOOLS 3465 N. Center Road, Saginaw, Michigan 48603

Community Services Department – Homebound Services (989) 797-1847

HOMEBOUND AND HOSPITALIZED REQUEST PROCEDURES

If approved, Instructional Homebound Services will be provided at the student's home during at least one (1) hour visits twice per week for the period of incapacity listed on the attached Medical Statement. Class work will be brought to the student and returned to the school. Homebound instruction is not designed to replace classroom instruction. The return of the student to school, if even for part of a school day, should be a goal of the parent and physician.

The following steps are required to activate homebound/hospitalized services for a Saginaw Township Community School student excluded from class(es) for five (5) or more consecutive days due to a medical condition.

- Step One: The parent/guardian makes contact with their student's school. At the elementary level, the parents should talk with the Principal. At the middle and high school levels, the contact shouldbe made first with the student's counselor. Once it is determined that the student may need homebound instruction, the school contact person will provide the parent/guardian with the necessary forms.
- Step Two: Form #1: Referral for Homebound Services Form To be completed by student's parent(s)/guardian(s).
- Step Three: Form #2: Medical Statement To be completed by student's licensed physician. Homebound services cannot begin until thisform is completed and returned. This form is good for one school year. A new Medical Statement, signed by the physician, will be requested to extend the period of incapacity if needed and requested by the parent.
- Step Four: Principal Signature The two forms should be returned to the student's school counselor (where applicable), or Principal and signed by the student's school Principal, or Assistant Principal (if applicable). After the form is signed by Principal (or Assistant Principal), return both completed forms toBoard of Education Office - Community Services Department.
- Step Five: The district will assign a Homebound Teacher within 5-days* of receiving the completed and signed Homebound Services forms.

* If extenuating circumstances occur, it may justify an extension of the 3-day period. With that in mind, submitting the required forms as soon as a need become evident, or even suspected, will help facilitate the process.

Step Six: When the Homebound Services assignment is near the end and the student is getting ready toreturn to school, the Homebound Services Teacher must notify Steve Elliott with a return-to- school date. The Homebound Services Teacher must also direct the parent(s) to meet with the student's counselor to make arrangement for the return to school.

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REQUEST FOR HOMEBOUND SERVICE

To be completed by pare	ent/guardian and returned with	Medical Statemen	t Form
Student's Name (please print)		Request Date	
Address		City	Zip
Sex M F Grade:	Primary phone	Work phone_	
Cell phone	Email		
School	Tea	cher	
Is the student receiving s	pecial education services?	Yes	No
Parent/Guardian (pleas	e print)		
	ns causing an incapacity to att		
Licensed Physician		(MD) Phone	
Physician's Office Addre	ess:		
student will be gone from s	ed by the physician must be atta chool. Counselors, psychologists ertify eligibility, only a licensed phy	s, social workers, or o	
	munity Schools has my permis cerning my child listed above v		
Parent/Guardian Signate	ure		
School Administrator's Signature		Date	
Please submit this form Department in the Boar	, once signed by a school ad d Office.	dministrator, to the	Community Services