

WALLINGFORD  SWARTHMORE
SCHOOL DISTRICT

200 SOUTH PROVIDENCE ROAD, WALLINGFORD, PA 19086-6334

Student Services Office

(610) 892-3470 x 1509

FAX (610) 892-3498

HOMEBOUND INSTRUCTION – PARENT AGREEMENT LETTER

Date:

Dear Parent/ Guardian:

This letter is to inform you that your child, _____, has been approved to receive Homebound Instruction for ____ hours per week based on the Physician's Referral received on _____. Homebound Instruction is designed to fulfill the educational requirements of students who are unable to attend school in a regular classroom setting because of a temporary or permanent illness or disability. Once a tutor has been secured, you will be contacted by the tutor directly to set up a schedule. An Education Plan completed by the school team will be provided to both you and the tutor.

Parent/Guardian must submit a physician's referral for homebound instruction for students who will not be able to attend school for a period of three (3) weeks or longer.

The Pennsylvania Department of Education requires that homebound instruction is not to exceed three (3) months. **If your child's medical condition should require homebound instruction for more than three (3) months, you will have to submit a new physician's referral before the initial application expires.** If a new physician's referral is not submitted promptly, your child homebound instruction will be suspended and your child will be marked absent.

The success of homebound instruction and the progress your child makes depends upon cooperative planning involving your child, the homebound teacher and parent guardian. Once the application for homebound instruction is approved, parent /guardian must adhere to the following agreements:

- A responsible adult must be present in the home for the entire period of homebound instruction.
- The student must be ready for instruction upon arrival of the homebound teacher.
- Must allow the teacher and student to work without distractions such as TV, radio, pets and other young children during instructional and study time.
- Notify the teacher by 8:30 AM if the student is too ill to be taught or if for any other reasons the session must be cancelled
- Sign the teacher's time sheet at the end of each instructional period.
- Arrange doctor appointments, therapy, etc. so they do not conflict with scheduled instruction when possible.
- Failure to comply with the above conditions may result in termination of homebound instruction.

STUDENT'S NAME:

SCHOOL:

GRADE:

■ *I have read and agree to the conditions for homebound instruction for my child. I will return this form to the homebound teacher upon his/her arrival.*

SIGNATURE OF PARENT/GUARDIAN

DATE

One (1) copy to Parent/Guardian One(1) copy to Guidance Counselor One (1) copy to Child Accounting & Registration One (1) copy to School Nurse
One (1) copy to be kept in the homebound student's file in the office of Student Services