Please fax to 864-412-0662

THE Heron INSTITUTE

Cyber Academy of South Carolina
Heron Virtual Academy of SC
Medical Homebound Cover Letter

Dear Physician:

Please read the following regarding Homebound Instruction for Cyber Academy of South Carolina and Heron Virtual Academy students and indicate having done so by your signature below.

Cyber Academy of South Carolina and Heron Virtual Academy are online virtual public charter schools where the home environment is the educational setting for students based on parental choice. All students have access to their online curriculum 24 hours a day and seven days a week through an online learning system.

Pursuant to South Carolina's Regulation 43-241, homebound instruction is available for students who cannot attend school, regardless of any or all accommodations provided, due to accident, illness, or pregnancy. Homebound services are intended to provide academic assistance for students experiencing a medical crisis until the student is able to return. **This service is appropriate for short term intervention and should not be viewed as a long-term replacement for regular school attendance.** The goal is to help the student successfully return to school as soon as possible.

Please note the following information provided by the State Department of Education:

If a physician writes a prescription for medical homebound instruction or completes a medical homebound application, isn't the school district required to provide medical homebound instruction?

No. The superintendent of the school district, or his or her designee, must approve any medical homebound instruction request. Upon the signed authorization of the parent, the district's representative may ask the physician to supply additional documentation in order to determine if medical homebound instruction is appropriate. School districts are encouraged to discuss with physicians the accommodations and modifications that can be made to keep students in the least restrictive environment.

At Cyber Academy of South Carolina or Heron Virtual Academy, only a medical illness complicating pregnancy will deem a pregnant student eligible for homebound instruction prior to the delivery date. A physician must clearly document such eligibility. Students should be encouraged to return to school as quickly as possible after delivery.

If approved, a student is eligible for medical homebound instruction on the day following his or her last day of school attendance. In the event the student cannot begin the school year, he or she would be eligible the first day of the regular nine-month academic year. *It is the responsibility of the physician to recommend the length of the services that are medically necessary by providing specific dates for consideration by the Homebound Office.*

Cyber Academy of South Carolina and Heron Virtual Academy appreciates your assistance in keeping students healthy and able to attend school virtually. If you have questions concerning medical homebound, please contact Mrs. Kasey Spicer, Special Programs Coordinator, at 864-336-3465 or e-mail at kaspicer@sclearns.org.

Student's Name _____

School _____

Physician's Signature _____

Parent Release _____

Date: _____

MEDICAL HOMEBOUND INSTRUCTION FORM

Dear Physician*:*

Thank you for your dedication in keeping students in South Carolina healthy and progressing academically and socially in the regular school environment to the extent that is appropriate. The below named student and his/her parent, legal guardian, or surrogate parent has requested that the school district provide medical homebound instruction due to the student's inability to come to school as a result of an illness, accident, or pregnancy even with the aid of transportation. A district representative may contact you to discuss strategies to maintain the student in the school environment and to request additional information. The district superintendent or his/her designee must approve any student participating in a program for medical homebound instruction or hospitalized instruction. Please fully complete Section II as indicated.

Section I – Student Information: (To be completed by School District Personnel)

Student's Name:	Date of Birth:	Age:	Grade:
School:	School District:	Is this a student with a disability? Yes ☐ No ☐	Category of Disability:

Section II – Medical Information: (To be completed by a licensed physician, nurse practitioner, in compliance with the requirements of the Nurse Practice Act, or physician assistant in compliance with the requirements of Article 7 of the Medical Practice Act.)

Diagnosis of Condition that **prevents** school attendance: (Attach additional information if needed)

Prognosis and Treatment:

How does this medical condition impact educational performance and access to the student's educational program?

Beginning date of nonattendance: Projected return date:

I certify that the above student cannot attend school because of illness, accident, or pregnancy, even with the aid of transportation but may profit from instruction given in the home or hospital.

Date: Address:

Phone #:

Provider's Printed Name and Title: Provider's Signature:

Section III – Release: (To be completed by parent or by student, if eighteen or older.)

I authorize the release of medical, educational, or mental health information to school officials.

Date:

Signature of parent/legal guardian/surrogate parent/or student if eighteen or older:

Section IV – Authorization: (To be signed and dated by the District Superintendent or Designee.)

I certify that school officials will consider whether the student now qualifies under Section 504 of the Rehabilitation Act of 1973 or is eligible for entry into programs for children with disabilities. I further certify if this is a student with a disability in accordance with State Board of Education regulations and if the student's medical homebound placement constitutes a change of placement, an IEP committee with parental involvement will develop an individualized education program (IEP). Medical homebound services are authorized to begin on or after date:

Superintendent's or Designee's Signature:

The need for medical homebound instruction may be reviewed periodically. School districts must retain this document on file for a period of five (5) years in accordance with procedures set forth in the South Carolina Pupil Accounting System Instruction Manual.