

PARENTAL AGREEMENT FOR HOMEBOUND/BASED INSTRUCTION
PLEASE PRINT

I hereby acknowledge that homebound/based services are to be provided by Danville Public Schools for the following student:

NAME _____ **DOB** _____ **SEX** _____
SCHOOL _____ **GRADE** _____

I understand that our (parent/ guardian/ student) responsibilities are as follows:

1. Have a licensed physician or clinical psychologist complete “the medical certification of need” to verify the need for any homebound instruction and send or fax it to **Ms. Kimberly Agnor** (see below). This includes descriptive information related to the medical need for homebound services. This information **MUST** be received by the homebound liaison before homebound services can be considered.
2. Provide an environment conducive to learning (quiet room and appropriate supplies).
3. Ensure that responsible adult is available when the homebound/ based teacher is scheduled to conduct services in the home.
4. Keep all appointments with the homebound/ based teacher as arranged. Unexcused absences follow the DPS guidelines for **TRUANCY**.
5. Have student ready for instruction at the time designated by the homebound/based teacher.
6. Make every effort to keep up with all assignments completed by student until HB teacher is able to collect and return them to the regular teacher(s) for the assigned subject(s).
7. Advise the homebound/ based teacher of any change in status (medical or otherwise).
8. Notify the HB teacher at least 3 hours prior to the scheduled visit if there if there is a contagious illness in the home or if there is an emergency requiring a cancellation of services for that day.
9. For SOL courses, make arrangements to take the student to the assigned school for testing as scheduled by your child’s assigned school. The regular education teachers are responsible for informing the HB teacher of scheduled exams, SOL tests, etc. in advance.
 - Homebound instruction is a temporary instruction plan. If a specific date is not determined by the assigned medical provider upon initial request for HB services, an updated medical certification will need to be provided every nine week grading period.
 - Homebased instruction will be provided in accordance with the student’s Individualized Education Plan.

Signature of Parent/ Guardian _____ **Date** _____

Signature of Student (18 or older) _____ **Date** _____

Address _____ **Zip** _____

Phone (C) _____ **(W)** _____ **(H)** _____

Print Physicians Name: _____ **Fax #** _____

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