



CECIL COUNTY PUBLIC SCHOOLS

HOME AND HOSPITAL EDUCATION & HOME INSTRUCTION

GEORGE WASHINGTON CARVER EDUCATION LEADERSHIP CENTER
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Jeffrey A. Lawson, Ed.D.
Superintendent of Schools

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HOME AND HOSPITAL TEACHING PROGRAM

Student Referral Process

2021-2022

The Cecil County Public Schools offers a program of Home and Hospital Teaching for Cecil County public school students who are unable to participate in their school of enrollment due to a physical or emotional condition. According to, COMAR, the Home and Hospital Program is a temporary support service, and not an alternative placement. The need for such services due to a physical condition shall only be submitted by a **licensed medical professional or certified nurse practitioner**. The need for such services due to an emotional condition shall only be submitted by a **licensed psychiatrist, licensed psychologist, certified school psychologist**. The student's illness must be determined to necessitate an absence of at least ten (10) consecutive school days with an expected absence of fifteen (15) or more days in order to be eligible for services or have a chronic health problem which causes absences from school in excess of 20 percent of the time to make this program feasible. Students may receive up to six (6) hours of instruction per week, unless otherwise indicated. Sixty (60) calendar days is the limitation for services. *Please Note:* Home and Hospital Teaching for a student with an emotional condition may not exceed sixty (60) consecutive school days. *Sixty (60) consecutive school days is the limitation for students in Special Education.*

The process for applying to access Home and Hospital Teaching Services is as follows:

1. The student's parent/guardian must complete SECTION A: Parent/Guardian, of the Home and Hospital Teaching Program Referral form (see attachment), and then forward this form to the medical professional, who must complete SECTION B: Medical Professional. The completion of this form authorizes Cecil County Public Schools staff to communicate with your medical professional. Please note that failure to sign this release of information may result in denial of Home and Hospital Teaching Services.
2. If the student's diagnosed illness is emotional or behavioral in nature, a treatment plan **must** also be submitted (see Medical Professional's Recommendation form).
3. If the request for home teaching services is due to pregnancy, services are provided for six (6) weeks post-delivery.
4. Return the completed form to the School Principal. Upon receipt of the form, Cecil County Public Schools staff will determine if Home and Hospital Teaching is appropriate. If the service is determined to be appropriate, the request may be approved.
5. Upon approval, a homebound teacher(s) may be assigned to the case.
6. The home and hospital teacher will contact the parents to begin instruction to the student.
7. Please remember that the maximum amount of time that a student can be assigned to Home and Hospital Teaching is 60 calendar days. If the student is not able to return to school by that time, a review and re-verification process will determine if services will continue, be modified or ended. In addition, Cecil County Public Schools requires that a responsible adult (21 years of age or older) must be present throughout the duration of the time the home teacher is teaching with the student. Also, parents should be prepared to make arrangements to provide adult supervision if Home and Hospital Teaching is approved for direct teacher home teaching.

**Cecil County Public Schools
HOME AND HOSPITAL TEACHING PROGRAM- 2021-2022**

Student Name: _____

SECTION B – MEDICAL PROFESSIONAL’S RECOMMENDATION (To be completed by Licensed Physician, Certified Nurse Practitioner, Licensed Psychiatrist, Licensed Psychologist, or Certified School Psychologist)

Description of Presenting Problem: _____

Reason student cannot function in the regular school environment: _____

Date of Last Appointment: _____ Frequency of Appointments: _____

Is the student’s health condition contagious? Yes No Specify: _____

Are there any precautions needed when teaching this student? _____

If request is due to pregnancy, what is the estimated date of delivery? _____

Please consider any in-school accommodations that could be made to allow attendance at the home school before making the recommendation for Home and Hospital Teaching.

I recommend Home/Hospital Teaching Yes No **Please Note: *Approx. length of time (60 Day Max.)** _____

I recommend Home/Hospital Teaching to begin on: _____

Full Time Home Teaching Part Time Home Teaching (*hours to be spent in school daily* _____)

Intermittent Services (one semester max.) _____ Home and Hospital Teaching is provided for students who suffer from a chronic illness (such as diabetes, lung diseases or migraines) that causes frequent intermittent absences. Concurrent home teaching services assist a student in completing work that was missed when they were absent two or more consecutive days in a week to their chronic illnesses.

Plan for Return to School: _____

Treating Medical Professional’s Name: _____

(Please Print)

Email Address: _____ Phone: _____ Fax: _____

Signature: _____ Date: _____

- Licensed Physician Certified Nurse Practitioner Licensed Psychiatrist Licensed Psychologist
 Certified School Psychologist

Please complete a Treatment Plan on the next page for emotional/behavioral referrals.

SPECIAL NOTE: THIS ABOVE COMPLETED FORM MUST BE RETURNED TO THE STUDENT’S SCHOOL.

PRINCIPAL’S REVIEW: I have reviewed the Home and Hospital Teaching information for the student named above.

Principal’s Printed Name

Principal’s Signature

Date

Please return this referral form to: Office of Home and Hospital Education & Home Instruction, 201 Booth Street, Elkton, Maryland 21921.

FOR HOME AND HOSPITAL EDUCATION & HOME INSTRUCTION OFFICE USE ONLY

Date Assigned to HHT: _____

Tentative Date of Return to School: _____

Date HHT Terminated: _____

Instructor/Program: _____

HHT Approved/Denied: _____ Date

Berkeley C. Orr, Program Supervisor for Student Services

Distribution (*as appropriate*):

Principal	
Counselor	
Pupil Personnel Worker	
Special Education Building Coordinator	
Director of Special Education	
School Nurse	
Guidance Secretary	

Cecil County Public Schools
Home and Hospital Teaching Program-2021-2022
TREATMENT PLAN FOR EMOTIONAL/BEHAVIORAL REFERRALS*

** Please note that COMAR limits home teaching due to emotional reasons for Special Education students to 60 consecutive school days. A transition plan must be developed with the school.*

To be completed only by a licensed psychiatrist, licensed psychologist, or certified school psychologist. Please respond to each question.

Student Name: _____ Date of Birth: _____

1. Diagnosis: _____

2. Is the student seen on regularly scheduled visits to your office? Yes No
Frequency of Visits: _____ Date of Last Visit: _____

3. Is the student currently in therapy? Yes No
Therapist's Name: _____ Phone Number: _____
Frequency of Visits: _____ Date of Last Visit: _____

4. Is the student on medication? Yes No
Medication(s) and Dosages: _____

How will the medication(s) affect school performance? _____

5. Describe your treatment plan and how it addresses the student's emotional condition. Please attach additional information as needed. _____

6. Is Home and Hospital Teaching the preferred academic placement? If so, why? _____

7. Are there any modifications or accommodations that could be made by the home school that would allow the student to return to/remain in the home school? _____

8. What is the recommended plan to transition the student back to school? A transition plan must be developed to return the student to the school setting. _____

Treating Medical Professional's Name: _____
(Please Print Name)

Address: _____

Phone: _____ **Fax:** _____

Signature: _____ **Date:** _____

Recommendations for Home Teaching due to emotional reasons can only be made by one of the following:

Licensed Psychiatrist Licensed Psychologist Certified School Psychologist