CUMBERLAND COUNTY SCHOOLS
HOMEBOUND INSTRUCTION
School Referral Form

Rev. 06/2019

Student Name:				Student ID:	
Address:			City:	NC	Zip:
Age:	DOB:	Grade:	Gender:	Ethnicity:	
Parent/Guardian Name:					
Home Phone:			Parent/Guardian Email:		
Work Phone:			The primary language spoken at home:		
Cellular Phone:			Student's Email:		
Does the student have computer access at home? ☐ Yes ☐ No			Does the student have internet access in the home? ☐ Yes ☐ No		

HOMEBOUND REFERRAL INFORMATION

Referring School: _____
School Phone Number: _____

Student Attendance: Year to Date
Days Present: _____ Days Absent: _____

If the student's extensive absences place the student at risk of failing the course(s) please indicate which course(s) the home-bound teacher should address to help the student capture some credit:_____

A completed CCS Homebound Referral must include:

- School Referral Form
- Parent Permission Form
- Physician's Referral Form
- Current class schedule
- If applicable: CCS Student Diagnosed with Emotional Disturbance Form
- Current grades
- Attendance Report
- Last Report Card

Reason for Referral
Physical Illness or Injury: _____
Mental Health Diagnosis: _____
Special Education Placement: _____

Has the student's case been reviewed by the **Student Services Team (SST)?** ☐ Yes ☐ No
If "yes" please attach SST meeting minutes to this referral.

Does the student have a **504 Plan?** ☐ Yes ☐ No
If "yes" please attach the current 504 plan to this referral.

Does the student have an **IEP?** ☐ Yes ☐ No
If "yes" please attach the current IEP to this referral.

Please Note: Any special education or IEP meeting considering a homebound placement **must** include the Director of Health Services as a member of the IEP team designing the delivery of special education to be provided.

Is there additional information that the Office of Health Services should be made aware of but is **not** included in this referral?

SCHOOL CONTACT INFORMATION (PLEASE PRINT)

Principal		**School Social Worker**	
Name:		Name:	Ext.
Guidance Counselor		**EC Case Teacher (if applicable)**	
Name:	Ext.	Name:	Ext.
Testing Coordinator		**Data Manager**	
Name:	Ext.	Name:	Ext.

Principal's Required Signature: I understand that the student's classroom teacher(s) are responsible for providing lesson plans, assignments, and grading the student's work on a regular basis until the student is released from homebound.

Signature:_____ Date: _____

THIS SECTION WILL BE COMPLETED BY THE CCS DIRECTOR OF HEALTH SERVICES

CCS Director of Health Services	**This request has been: ☐ Approved or ☐ Denied**	**Date complete packet was received by the Office of Health Services**
Signature:_____	Date: _____	

If services are approved the student will receive: ☐ Homebound Teacher Visitation(s) and/or ☐ Vidyo Conference Access

Homebound Teacher:	Homebound Teacher's Phone Number:

Only a complete referral packet will be accepted by the CCS Office of Health Services.