

MONTGOMERY COUNTY PUBLIC SCHOOLS

Application for Home and Hospital Teaching, with Qualified Physical Health Condition ONLY

Home and Hospital Teaching
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
CESC, Room 248, Rockville, Maryland

Note: This form is used by the Home and Hospital Teaching (HHT) Office to obtain a physician or certified nurse practitioner recommendation and parent/guardian permission to initiate instruction for students with a physical health condition. **Return completed application to student's school counselor or principal/designee.** For more information, see MCPS Regulation IOE-RB, *Home and Hospital Teaching*.

A new completed application, with updated information from the practitioner regarding diagnosis and treatment is required for continuation of service beyond 60 calendar days.

In order for this application to be considered, ALL components of this application must be completed and submitted:

- I. Parent portion including signature
- II. School portion including signatures
- III. Practitioner verification including specific steps the school can take to support the student returning to instruction
- IV. Return to school plan: The conversation regarding the return to school plan should happen with all stakeholders prior to the submission of the application. It is preferable that the plan be submitted with the application, but it must be submitted no later than 30 days after the application submission.

The school must send the form electronically, when completed, to HHTOffice@mcpsmd.org.

Delivery of HHT will be virtual. Individual exceptions will require review and approval by the Supervisor of Home and Hospital Teaching.

I. TO BE COMPLETED BY PARENT/GUARDIAN. PLEASE PRINT OR TYPE.

Student Name (Last, First, MI) _____ MCPS ID# _____

MCPS School _____ Grade _____ Last day of school attendance _____

The student's home address on file with MCPS is accurate: Yes No (If no, you must update your address with the student's home school)

Is this student currently hospitalized? Yes No

If yes, name of hospital and contact name: _____

Parent/Guardian Name (please print) _____

Parent/Guardian Telephone Number Home _____ - _____ - _____ Work _____ - _____ - _____ ext. _____ Cell _____ - _____ - _____

Parent/Guardian Email Address _____

Relationship Mother Father Guardian Other (specify) _____

Parent/Guardian Name (please print) _____

Parent/Guardian Telephone Number Home _____ - _____ - _____ Work _____ - _____ - _____ ext. _____ Cell _____ - _____ - _____

Parent/Guardian Email Address _____

Relationship Mother Father Guardian Other (specify) _____

I authorize Montgomery County Public Schools (MCPS) to consult with the physician/certified nurse practitioner treating my child to confirm the diagnosis and/or clarify the medical notations. I am aware MCPS has the right to withhold service until the need for Home and Hospital Teaching has been confirmed.

Signature of Parent/Guardian _____ Date ____/____/____

II. TO BE COMPLETED BY COUNSELOR/PRINCIPAL/DESIGNEE. PLEASE PRINT OR TYPE.

For students with an IEP or 504 Plans

- This student has an Individualized Education Program (IEP). IEP Case Manager: _____
- This student is in a discreet special education program: _____
- This student has a 504 plan.
- Most recent IEP or 504 plan attached to application (required for application approval). _____

School teams must conduct an IEP/504 review meeting within ten (10) days of the approval of the application.

For All Students

Accommodations attempted at the school to support student attendance (Please includes dates and results of any EMT meeting and/or parent conferences related to this application): _____

Date application given to parent/guardian ___/___/____ Date application returned from parent/guardian ___/___/____

By signing, the principal/principal designee understands that developing and submitting a return to school plan is required for every application. Approval of subsequent applications are partially contingent upon implementation of the aforementioned plan. If this is not the initial application for the student, please attach documentation of the results of the previous return to school plan with this application.

Date school submitted application to HHT Office ___/___/____

Counselor/Principal/Designee Signature _____ Date ___/___/____

COUNSELOR/PRINCIPAL/DESIGNEE SHOULD SCAN AND EMAIL THE COMPLETED APPLICATION TO HHTOFFICE@MCPSMD.ORG

III. TO BE COMPLETED BY PHYSICIAN OR CERTIFIED NURSE PRACTITIONER ONLY. PLEASE PRINT OR TYPE.

MEDICAL VERIFICATION
For Physical Health Conditions Only

Dear Physician or Certified Nurse Practitioner (CNP):

Before processing a request for Home and Hospital Teaching, a verification made within **30 days** of this application of the student's physical health condition from a physician or CNP is required. Student need for HHT must be reviewed every **60 calendar days** after the initial date of verification by the practitioner, or sooner at the request of the parent/guardian or MCPS.

1. Student Name _____

2. Have you completed an application for this student previously? Yes No
If yes, how many applications have you completed this school year? 2 3 4 5 6

3. Is this student application due to pregnancy? Yes No If yes, what is the expected date of delivery? ____/____/____
HHT Service period for pregnancy are 6 weeks from date of delivery.

4. Specify the physical health condition that prevents the student from attending their school of enrollment.

5. Reasons this physical condition makes it impossible for the student to attend their school of enrollment.

6. Date of most recent appointment (**must be within 30 calendar days of the submission of this form to HHT Office**) ____/____/____

7. Is this condition contagious? Yes No
If yes, please explain _____

8. Is the student currently taking any medication? Yes No
Medicine/Dosage _____

9. Requested duration of services (**no more than 60 days**) _____

10. Recommendations for school attendance:
 Student is unable to attend school
 Student is able to attend regular day program and student's school of enrollment with modifications. Please list necessary modifications below.

Student is able to attend school part-time Yes No

11. Regimen of Treatment to be Prescribed: (Indicate number of previous visits, general nature and duration of treatment, including referral to other provider of health services. Include a schedule of future visits or treatment since you are deeming it medically necessary for the student to be out of school for an extended period of time. You may attach documentation to this application:

12. Please list actionable steps the school can take, in your estimation, to support the student in returning to school by the end of the requested duration of services:

I certify that:

- I am a licensed physician or certified nurse practitioner and am currently treating this student.
- This student IS NOT able to attend the regular day program at their school of enrollment because of their physical health condition.
- I understand that I am part of the support team for this student and I will communicate with the school to assist in ensuring the student's return to school as quickly as is reasonably possible.
- I understand that by signing this application, the parent/guardian/caregiver of the named student has given authorization for me to discuss and clarify any of the information I have provided with Montgomery County Public Schools.

Signature of Physician/CNP _____ Date ____/____/____

Printed Physician/CNP Name _____ License Number _____

Address _____ Phone ____-____-____

Email address _____

IV. RETURN TO SCHOOL PLAN

The return to school plan should be created through a collaboration among the school, student (when possible), parent, and practitioner to outline the steps each will take in facilitating the student's return to the school by the end of the requested duration of services. The school should document the success or challenge of each component of the plan. In the event that services need to be continued at the end of the requested duration of services on this application, schools will need to submit evidence of the implementation of the return to school plan, along with an updated plan taking into account any new information.

Please note that the return to school plan can be implemented as soon as is practical, and should not be delayed until the full requested duration of services has elapsed.

The return to school plan should consider the following:

1. What supports will the school put in place to ease the student's transition back into the school building? Some items to consider:
 - Identify the trusted adult who will meet the student upon their return and the steps school staff will take during the first day/week/month/etc. to support the student's transition back into the school building.
 - Identify a lunch/check-in buddy for the student
 - Schedule a time for the student to come to the school outside of school hours to acclimate to the building, view their schedule, etc.
 - Schedule regular check-ins with the counselor or other, trusted, school-based staff.
2. If a student has a 504 plan or an IEP, when will the team meet to determine whether modified or additional accommodations may be necessary (renewal applications should contain notes from this meeting)?
3. If the student does not currently have a 504 plan or an IEP, is an EMT meeting necessary to determine whether codified accommodations are necessary for this student upon their return?
4. What steps will parents take to ensure that the student is present at school for the transition back into the building?
5. What specific steps can the practitioner take to support student attendance at school, and how and when will the school communicate with the practitioner to gather this information?
6. How will the school scaffold the student's return to the building?

This is not an exhaustive list, and schools, students, parents, and practitioners should include anything that will be necessary to ensure a welcoming, safe environment for students returning to school. Below, you will find return to school plan exemplars to support you in creating a successful plan for this student:

[Elementary School](#)

[Middle School](#)

[High School](#)