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ABSTRACT

The manual provides information on resources for the education of hospitalized/homebound children in Georgia. Sections touch on the following topics (sample subtopics in parentheses): definitions; eligibility criteria; due process (referral, exit criteria); program organization (delivery model, considerations for instructional settings, enrollment); instructional programs (curriculum, professional resources, related services); program evaluation (comprehensive services); and additional resources (national, state, and community organizations). Sample forms are appended. (CI)

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Volume VI

Hospital/Homebound

Resource Manuals For Program For Exceptional Children

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Office of Instructional Services
Division of Special Programs
Program for Exceptional Children
Georgia Department of Education
Atlanta, Georgia 30334

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State Superintendent of Schools
1981

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Resource Manuals for Program for Exceptional Children

Resource manuals in this series include the following.

Volume I	.....	Severely and Trainable Mentally Retarded
Volume II	.....	Educable Mentally Retarded
Volume III	.....	Behavior Disorders
Volume IV	.....	Specific Learning Disabilities
Volume V	.....	Visually Impaired
Volume VI	.....	Hospital/Home Instruction
Volume VII	.....	Speech and Language Impaired
Volume VIII	.....	Physically and Multiply Handicapped/System Occupational and Physical Therapists
Volume IX	.....	Hearing Impaired
Volume X	.....	Gifted
Volume XI	.....	Deaf/Blind

Foreword

Georgia is committed to the belief that every exceptional child has a right to receive an education based on his or her individual needs.

The need for developing standards and guidelines for comprehensive programs for exceptional children in our schools has emerged from state and federal legislation. The three major laws affecting the education of exceptional children in Georgia follow.

Adequate Program for Education in Georgia Act (APEG) Section 32-605a, Special Education

"All children and youth who are eligible for the general education program, preschool education, or who have special educational needs and three and four year old children who are either physically, mentally or emotionally handicapped or perceptually or linguistically deficient shall also be eligible for special education services. Children, ages 0-5 years, whose handicap is so severe as to necessitate early education intervention may be eligible for special education services."

Effective date: July 1, 1977

P.L. 94-142, Education for All Handicapped Children Act of 1975

The full-services goal in Georgia for implementation of P.L. 94-142 states:

"All handicapped children ages 5-18 will have available to them on or before September 1, 1978, a free appropriate education. Ages 3-4 and 19-21 will be provided services by September 1, 1980, and 0-2 by September 1, 1982, if funds are available."

Effective date: September 1, 1978

Section 504 of P.L. 93-112, The Vocational Rehabilitation Act of 1973

"No otherwise qualified handicapped individual shall solely by the reason of his/her handicap be excluded from the participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance."

Effective date: June 1, 1977

The purpose of the *Resource Manuals for Programs for Exceptional Children* is to help local education agencies implement these laws and provide quality programs for exceptional children.

Acknowledgements

This resource manual is the result of the cooperative efforts of many individuals throughout Georgia who contributed valuable expertise and long hours of work. All assistance to the development of this manual is gratefully acknowledged.

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Philosophy

Every student should have the opportunity to be educated to his or her full potential regardless of physical limitations. Hospital/homebound teachers are liaisons between the student and the school. They have the unique responsibility of coordinating and continuing the designed program of study for the hospital/homebound student. Our goal is to provide through the combined efforts of the hospital/homebound teacher, the classroom teacher, the school administration and the parent a continuous educational experience for ill or disabled students.

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Chapter I Definition

The child who has a medically diagnosed physical condition, which is noncommunicable and restricts him or her to his or her home or a hospital for a period of time which will significantly interfere with his or her education (a minimum of 10 school days), is eligible for the services of an itinerant hospital/homebound instructor (Georgia Program for Exceptional Children Regulations and Procedures).

Chapter II

Eligibility Criteria

- For a child to receive hospital or home instruction, a licensed physician must declare the child physically able to profit from education instruction. Children with other handicapping conditions also must meet the medical eligibility requirements.
- Students out of school because of a communicable disease, emotional problems, expulsion, suspension or uncomplicated cases of pregnancy are not eligible.
- The student must be enrolled in the school system.

Chapter III

Due Process

Referral

Each school system should have a standard referral procedure for requesting hospital/homebound services. The following information will help in developing a referral procedure.

1. Referrals for the hospital/homebound program are usually made by the principal, counselor, classroom teacher, school nurse, parent or attending physician.
2. The parent should be provided a hospital/homebound referral form by the appropriate school representative.
3. The parent should have the student's physician complete the medical information section of the form, including a description of the physical condition, any medical implications for instruction and the anticipated duration of absence.
4. The referral form should be returned to the appropriate school official and reviewed for approval.
5. When it is determined that the student meets the eligibility criteria an assignment may be made.
6. For a regular education student, the hospital/homebound teacher should confer with the regular classroom teacher and obtain assignments weekly.
7. For a handicapped child receiving special education services, an addendum to the existing Individual Education Program (IEP) should be developed to reflect the hospital/homebound service. This addendum should be developed jointly by the child's special education teacher, the hospital/homebound teacher, the child's parents and IEP committee members as necessary.
8. If hospital/home instruction should be necessary beyond the date indicated on the original referral form, the physician should send a letter requesting extension of service.
9. To reenter the hospital/homebound program after withdrawal for any reason, reapplication must be made by the original procedure.

Exit Criteria

It is important that hospital/homebound services be terminated as soon as they are no longer needed and the student returned to the school-based program. Reasons for dismissal may include the following.

1. The physician recommends that the student return to school.
2. The student is unable to continue in the program because of a relapse.
3. The student's absence extends beyond the estimated length of service stated by the physician. At this point the parent will be required to obtain an updated form from the physician.
4. The student graduates.
5. The student withdraws from the school system.

Additional Information

For further information on due process or other procedural safeguards in effect in Georgia, refer to *Program for Exceptional Children Regulations and Procedures*, Georgia Department of Education, and *Georgia's State Program Plan for P.L. 94-142*. Copies of these documents are available in the office of the local school superintendent, director of special education or local Georgia Learning Resource System (GLRS) Center.

Additionally, information on local system procedures is contained in the local system's Special Education Comprehensive Plan available from local school superintendents or special education directors.

Chapter IV

Program Organization

Delivery Model

The nature of the hospital/homebound program necessitates the delivery of educational services to the home or hospital. Children hospitalized for medical reasons either receive instruction through bedside teaching or are allowed to participate in a classroom setting within the medical facility.

Considerations for Instructional Settings

The students who receive hospital/homebound instruction are entitled to the most challenging education they are capable of receiving. Exposure to academic experiences includes a flexible program of educational enrichment opportunities for advancement, remediation and evaluation. Maintaining grade-level performance is a notable goal. The specific consideration for instructional setting is relative to the provisions available in the hospital or home.

Often the hospital setting is a competitive base for multiple services which may or may not enhance the student's ability to attend to the educational program. This competitive factor is a hindrance to the student's functional level in school activities. The relationship between the physician, hospital personnel and the teacher is of great importance. A workable solution in scheduling teaching periods is a necessity. The student's work becomes a secondary objective while the efficiency of the hospital routine remains the primary purpose of the services provided.

The home environment offers a more stable schedule of instruction. Educational services may initiate new patterns of study, interest and creative involvement in schoolwork.

The advantages and disadvantages of the home setting create a need for specific guidelines for the study program. The teacher may find it necessary to ask the parents to cooperate in creating opportunities to meet educational goals. The teacher's frequent communication and association with parents increases maximum benefits from homebound instruction. The following should be taken into consideration.

- A specific place should be provided in the home where the teacher and student can work in a well-lighted, comfortable area away from family activities, noise and interruptions.
- The parents should plan with the student for a regular time for daily study and encourage him or her to complete all work in advance.
- Other persons should be kept out of the room during the instructional period.
- Another adult must be present in the home during the instructional period.

Enrollment

Teachers should maintain an average case load of eight. A minimum of 20 children should be seen per year (Georgia Regulations and Procedures, page 32).

Personnel

The principal is essential to the effectiveness of the hospital/homebound program. Responsibilities of the principal should include the following.

- Orient the school faculty and staff to the purpose and procedures of the program.
- Inform parents of the hospital/homebound program.
- Aid in the referral process.
- Make provisions for the hospital/homebound teacher to consult with the student's classroom teacher or teachers for planning and evaluation.

The help and cooperation of the regular classroom teacher can assist in assuring continuity to the student's program while receiving hospital/homebound services if he or she

- promptly reports to the principal children who qualify for hospital/homebound services.
- meets with the hospital/homebound teacher to discuss the specific course requirements and assignments.

- assists the hospital/homebound teacher in areas of specialized instruction.
- assists in evaluating the work and progress of the homebound child.
- helps the student maintain communication with his or her classmates.

The hospital/homebound teacher serves students with differing educational backgrounds and various disabilities. In providing a program for these students the hospital/homebound teacher

- works with the school and parents in planning the program.
- provides a supportive instructional program for the student.
- evaluates the student's educational status, progress and achievements.
- sets up communication with school officials to make reentry as smooth as possible.

The cooperation of parents is a vital factor in the success of the hospital/homebound program. Responsibilities of parents or guardians are

- submit the referral form to the student's physician and return the completed form to the school.
- provide an appropriate area in the home for the student and teacher during instruction.
- have the student ready to begin instruction when the teacher arrives.
- plan with the student regular times for daily study.
- notify the hospital/homebound teacher in advance if the student is unable to receive instruction.

The hospital/homebound student will have a great effect on the success of the program. To receive maximum benefit from the program, the student should

- plan several times during the day when work can be done without interruptions.
- complete assignments.
- be prepared when the instructor arrives.
- study in a well-lighted place.
- be attentive and cooperative during the instruction period.

In-service

Hospital/homebound teachers require appropriate in-service training. In-service for instructional personnel should be based upon identified academic and medical needs of students assigned to the program. Hospital/homebound teachers should participate in regularly scheduled in-service provided by the local education agency (LEA). In-service may also be provided by Cooperative Educational Service Agencies (CESAs), Georgia Learning Resource System (GLRS) centers, and the state educational agencies (SEA).

Planned regional workshops for hospital/homebound teachers are scheduled on an annual basis by SEA personnel. In-service needs are determined by the LEA.

Topics for in-service might include the following.

- Teacher made materials for special needs
- Adaptive materials and equipment
- Sharing and brainstorming
- Related services
- Community resources
- Counseling
- Other topics specific to system or individual needs

Special Considerations

Scheduling

Much consideration must be given to the development of the hospital/homebound teacher's schedule. Because of constantly changing case loads a homebound teacher's schedule must be flexible. In addition, time must be provided for traveling to and from students' homes and the schools. For this reason the hospital/homebound teacher should maximize the use of time that is spent with regular classroom teachers and securing the most appropriate materials for each student. Time must also be set aside for conferring with the student's regular teachers and support personnel. Current regulations and procedures require that hospital/homebound students receive a minimum of three hours a week of home instruction. This time is a minimum and in the majority of cases additional instruction time would be desirable. Hospital/homebound teachers should avoid scheduling instructional sessions when students are heavily medicated. To make most effective use of time set aside for instruction, the homebound teacher might call ahead to be sure that the student is ready for the instructional period and able to work.

Weekly schedules for hospital/homebound personnel should be provided to a central office administrator or supervisor so that necessary communication can be directed to the hospital/homebound teacher. Written schedules are extremely important because situations may arise which require immediate communication with the teacher.

Record Keeping

Hospital/homebound teachers are required to maintain schedules, lesson plans, attendance, IEP records (refer to Chapter III for IEP requirements), mileage reimbursement forms and reporting forms. This record keeping is vital to the overall operation of a system's hospital/homebound program. Records and reports must be accurate. Hospital/homebound referral forms must be completed and copies generated to appropriate personnel within the school district. Accurate record keeping will enhance the organization of the hospital/homebound program; therefore, time must be included in the teacher's schedule for this purpose.

Academic Credit

Regular instructional personnel and parents should be told that full credit is given for work completed during hospital/home instruction. The hospital/home instructor works closely with the child's regular classroom teacher to provide continuity to the educational program planned for the child with lesson plans, assignments and tests used in the classroom. Some deviations may be required for the following reasons. Physical limitations may increase the time needed to complete assignments and may require that part or all of the work be done orally with the hospital/home instructor. Classwork may be of a nature that cannot be duplicated and other of equal value should be substituted, such as research for group projects or field trips and textbook and reference work for class lectures. Substitutions may require testing different from that done in the classroom.

On occasion, remedial work may be more beneficial to the child than regular classroom work. If remedial work is substituted, it should be understood and approved by the parents, principal and classroom teacher.

Attendance Credit

Each student with whom the hospital/homebound instructor works is enrolled on the regular classroom teacher's roll. The student is counted present each day if seen a minimum of three hours per week. The average daily attendance is counted in with the regular classroom teacher's total just as other students on the roll. The student's absence from the classroom is legitimate and should be understood and accepted by the school. Children who have never been enrolled in a public school must be enrolled if the system is to serve the student and receive attendance credit. These children should be enrolled in the school they would normally attend.

Report Cards

Report cards should be issued to students receiving hospital/homebound instruction at the same time they are issued in the regular classroom. The classroom teacher prepares and issues the report card. Grades are based upon the performance of students as indicated by their work and tests. Grades are determined by the classroom teacher and the hospital/homebound instructor in conference. Grades are posted on permanent records by the classroom teacher.

Confidentiality

Insuring that confidential information remains confidential involves careful recordkeeping and sharing of information in a professional manner. The teacher should not repeat confidential information about the children or their parents either to other parents or to staff members who are not working with the children. This is an invasion of privacy to which the children and their parents have a right. If there is a need to share confidential information with another staff member to help him or her work better with the child, have the discussion in a private place and limit it to necessary information.

Chapter V Instructional Program

Curriculum

The primary objective of hospital/home instruction is to enable students with medically diagnosed conditions to continue a planned educational program during the time when regular school attendance is not possible.

The educational program provided to the hospital/homebound student should be as close as possible to that provided the regular student. This insures the homebound or hospitalized student will return to school with limited disruption to his or her educational program.

The teacher must maintain a close working relationship with the student's regular teacher(s) to insure coordination and appropriateness of the student's educational program. In the development of each student's program, the physical and medical condition of the student will be important considerations. Provisions must be made to accommodate each student's capabilities during confinement.

Professional Resources

• General Information

Buscaglia, L. *The Disabled and Their Parents: A Counseling Challenge*. Thorofare, N.J.: Charles B. Slack, 1975.

Careers for the Homebound. Free pamphlet available from B'nai Brith Services, 1640 Rhode Island Ave. NW, Washington, D.C., 20036.

Counselor's Guide to Home Study Training. National Home Study Council, 1601 Eighteenth St. NW, Washington, D.C. 20009

Hardgrove, C. *Parents and Children in the Hospital: The Family Role in Pediatrics*. Boston: Little, Brown Co., 1972.

Homecraft: Source of Homebound Employment. *Rehabilitation Record*, 13(5), 1972.

Logos, J. *Seizures, Epilepsy and Your Child*. New York: Harper and Row, 1974.

Peterson, R. & Cleveland, J. *Medical Problems in the Classroom: An Educator's Guide*. Springfield, Ill.: Charles C. Thomas, 1976.

Pilling, D. *Child with a Chronic Medical Problem*. New York: Humanities, 1973.

Travis, G. *Chronic Illness in Children: Its Impact on Child and Family*. Stanford, Calif.: Stanford University Press, 1976.

• Working with the Terminally Ill

Bergmann, T. *Children in the Hospital*. New York: International Universities, 1965.

Best, G. *Teachers Talk about the Terminally Ill Child*. Paper presented at the Council for Exceptional Children Convention, New York, April 1974.

Carf, R. Death as Presented in Children's Books. *Elementary English*, 1973, L(95), 701-705.

Kubler-Ross, E. *On Death and Dying*. New York: MacMillan, 1969.

• Books for Children

Rey, M. *Curious George Goes to the Hospital*. Boston: Houghton Mifflin Co., 1966.

Stein, S. *A Hospital Stay: An Open Family Book for Parents and Children Together*. New York: Walker & Co., 1974

Methodology

In many instances no special teaching methods are required in instructing hospital/homebound students. However, some conditions complicate the learning problems to such an extent that special procedures are necessary. Students requiring special procedures may include the physically or mentally handicapped and those students exhibiting learning problems. For a student requiring special procedures the hospital/homebound teacher should work closely with the regular classroom teacher or special education teacher. To better under-

stand the needs and methods used in instructing a severely handicapped child, the hospital/homebound teacher should spend time observing the classroom program, reading appropriate information regarding programming for those students and allowing time to consult with the teacher.

For additional information on special procedures or methods for exceptional children, refer to the *Resource Manuals for the Programs for Exceptional Children*, volumes I through XI.

Materials/Equipment

The hospital/homebound student will use textbooks issued by the school system or classroom teacher. The school system or classroom teacher should keep the student supplied with the same books issued in the classroom program. Teacher manuals/source books should be provided to the hospital/homebound instructor to insure that the proper skills will be taught and maintained in the manner which the classroom teacher initiated.

Written lesson plans should be provided for the hospital/homebound instructor on a weekly basis or other schedule mutually agreeable to the hospital/homebound instructor and the classroom teacher. The school system also should provide any equipment needed by the hospital/homebound instructor to insure objectives planned by the classroom teacher are met.

Related Services

Related services may be required for children placed in the hospital/homebound program if they are identified as having specific problems. These children should be referred to the appropriate school personnel. School social workers or visiting teachers may be needed to facilitate the relationship between homebound instructional personnel and parents or community agencies. Homebound teachers may find that parents or guardians need help with problems and should refer them to the appropriate service agency.

Chapter VI

Program Evaluation

Program evaluation is useful for determining areas of strength and weakness. A comprehensive program evaluation provides helpful information for administrators, teachers, support personnel and parents.

Feedback from a variety of personnel, including administrators, teacher, therapists, parents and other staff members, should be an integral part of the evaluation process. The team approach should provide relevant information concerning the effectiveness of general program goals, efficiency in providing comprehensive services and suggestions for improving the program.

The following program assessment checklist suggests areas to consider.

	Yes	No	Comments
Eligibility			
Students are of legal school age.			
Each student served meets the eligibility criteria outlined in the current <i>Georgia Program for Exceptional Children, Regulations and Procedures</i> .			
Medical statement from licensed physician on file prior to initiation of service.			
Students served by hospital/homebound program on a long-term basis receive an updated medical examination periodically — at least annually.			
Referral and Due Process			
Referral procedures are outlined and in-service provided to all school system administrators and teachers.			
Special education students receiving hospital/homebound services have an addendum to the existing IEP reflecting the hospital/homebound services.		5	
Comprehensive Services			
Comprehensive services are available for elementary, middle or high school.			
Provisions are made for supervision of the program.			
Resources and agencies outside the school system are used when appropriate			
Education Program			
Record keeping procedures for hospital/homebound teachers are outlined and in-service provided.			
Hospital/homebound teachers coordinate the program with the student's regular classroom teacher.			
All students recommended for hospital/home instruction receive at least three hours of instruction per week.			
Teachers maintain an average caseload of eight students and a minimum of 20 students are seen per year.			

	Yes	No	Comments
Space is provided in a central location for the hospital/homebound teacher to prepare individual lessons and to store materials not being used.			
Appropriate materials and equipment are available to the hospital/homebound teacher.			
Personnel Evaluation The hospital/homebound teacher is evaluated by the requirements of the local school system in which the instructor is employed.			

Chapter VII

Additional Resources

National and State Organizations

American Alliance for Health, Physical Education
and Recreation

Room 422
1201 16th St.
Washington, D.C. 20036

American Cancer Society
219 East 42nd St.
New York, N.Y. 10017

American Diabetes Association
500 Fifth Ave.
New York, N.Y. 10020

American Epilepsy Society
Department of Neurology
University of Minnesota
Box 341, Mayo Building
Minneapolis, Minn. 55455

American Heart Association
7320 Greenville Ave.
Dallas, Texas 75231

Association for Sickle Cell Anemia
520 Fifth Ave.
New York, N.Y. 10036

Closer Look
Box 1492
Washington, D.C. 20013

Council for Exceptional Children
1920 Association Dr.
Reston, Va. 22091

Georgia Alliance of Physical and Occupational
Therapists in Public Schools
Dr. Ruth Kalish
Emory University School of Medicine
2040 Ridgewood Dr., NE
Atlanta, Ga. 30322

Georgia Association for Retarded Citizens
1575 Phoenix Blvd., Suite 8
Atlanta, Ga. 30349

Georgia Chapter of the Cystic Fibrosis Research
Foundation
1365 Peachtree St., NE, Suite 121
Atlanta, Ga. 30309

Georgia Chapter of the Multiple Sclerosis Society
1776 Peachtree Rd., NW, Suite 640
Atlanta, Ga. 30309

Georgia Division of Physically Handicapped
(Hospital/Homebound)-CEC
Consultant, Multihandicapped and Hospital/
Homebound

Georgia Department of Education
State Office Building
Atlanta, Ga. 30334

Juvenile Diabetes Foundation
3701 Conshuhocken Ave.
Philadelphia, Pa. 19131

Leukemia Society, Inc.
211 East 43rd St.
New York, N.Y. 10017

Muscular Dystrophy Association, Inc
Suite 105
1680 Tully Circle, NE
Atlanta, Ga. 30329

National Amputee Foundation
12-45 150th St.
Whitestone, N.Y. 11357

The National Foundation/March of Dimes
1275 Mamaroneck Ave.
White Plains, N.Y. 10605

The National Hemophilia Foundation
25 West 39th St.
New York, N.Y. 10018

National Kidney Foundation
116 East 27th St.
New York, N.Y. 10010

Spina Bifida Association of Georgia-Atlanta
1132 W. Peachtree St., Suite 109
Atlanta, Ga.

United Cerebral Palsy Association
66 E. 34th St.
New York, N.Y. 10016

Community Resources

Atlanta Easter Seal Rehabilitation Center
3254 Northside Parkway, NW
Atlanta, Ga. 30327

Crippled Children's Unit
Georgia Department of Human Resources
618 Ponce de Leon Ave.
Atlanta, Ga. 30308
(404) 894-4081

The following are the addresses of the permanent Crippled Children's offices in Georgia.

Crippled Children's Program
District Health Office
1109 N. Jackson St.
Albany, Ga. 31701
(912) 439-4130

Crippled Children's Program CLINIC
618 Ponce de Leon Ave., NE
Atlanta, Ga. 30308
(404) 894-5782

Department of Human Resources
Crippled Children's Program
812 13th St.
Augusta, Ga. 30901
(404) 828-3016

Department of Human Resources
Crippled Children's Clinic
P. O. Box 2299
Columbus, Ga. 31902
(912) 327-4826

Department of Human Resources
Crippled Children's Clinic
811 Hemlock St.
Macon, Ga. 31201
(912) 744-6253

Department of Human Resources
Crippled Children's Clinic
P. O. Box 14257
Savannah, Ga. 31006
(912) 356-2143

Crippled Children's Clinic
310 Janet Dr.
Valdosta, Ga. 31601
(912) 247-3437

Department of Human Resources
Crippled Children's Clinic
1101 Church St.
Waycross, Ga. 31501
(912) 285-6080

Currently there are seven itinerant clinics as listed below. They are run by staff members of the permanent office listed on the right.

Dalton
Gainesville Atlanta
Marietta
Athens

Dublin Macon

Thomasville Valdosta

Cordele Columbus

Library for the Blind and Physically Handicapped
Georgia Department of Education
1050 Murphy Ave., SW
Atlanta, Ga. 30310
(404) 656-2465

(Free loan materials and equipment)

In addition to the community resources listed, the teacher should investigate resources unique or specific to her or his community. These might include the following.

- Family and children's service
- Mental health unit
- County health department
- Ministerial association
- Civic organizations
- Local medical society
- Local advocacy groups

Appendix A Sample Forms

23

SCHEDULE OF TEACHING

for

(Name)

(Date)

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

SAMPLE

STUDENTS BEING TAUGHT

Child's Name

Child's Phone

Child's School

Date Withdrawn

Name _____

Home phone _____

School _____

Grade _____

Medical problem _____

Parent's name _____

Address _____

Directions to home _____

SCHEDULE

Subjects and number

Teacher

Room number

1st _____

2nd _____

3rd _____

4th _____

5th _____

6th _____

Homeroom teacher _____

Date begun _____

Date ended _____

Days earned _____

Comments _____

SAMPLE

HOSPITAL/HOMEBOUND ASSIGNMENTS

Student's Name _____

Teacher _____ Signature _____

Subject Taught: _____

Date Services Were Initiated: _____

DAILY ASSIGNMENTS

WEEKLY ASSIGNMENTS

--

SAMPLE

Dates of Assignment: _____

Principal's Signature: _____

Counselor's Signature: _____

Hospital/Homebound Teacher: _____

Date: _____

HOSPITAL/HOMEBOUND
ATTENDANCE REPORT

To: _____

School: _____

Re: _____ Birthdate _____

Attendance month: _____

Absent on the following days.

Day of the week

Date

Day of the week	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SAMPLE

Present every day of the attendance month

Date _____ Hospital/Homebound Instructor _____

Appendix B
Georgia Learning
Resources System

Services Provided by GLRS

1. GLRS maintains an instructional materials center where special educators can preview and borrow materials. The collection includes diagnostic materials, teacher training and professional materials and child use instructional materials. Materials are loaned on a short-term basis to provide educational intervention for particular children, to be used by teachers for trial or preview or to aid selection and purchase decisions.
2. GLRS provides in-service training through workshops and conferences on effective use of media and educational equipment, new teaching techniques and methods and innovative instructional materials. Every effort is made to provide workshops which directly relate to the identified needs or interests of each school system.
3. GLRS maintains a video-tape collection of outstanding special education workshops which have been conducted throughout Georgia. In addition, exemplary special classrooms can be videotaped. These tapes may be borrowed for workshops, in-service meetings or individual reviewing.
4. GLRS sponsors various special projects to introduce ideas and materials being used successfully with exceptional children across the nation. The Select-Ed Prescriptive Materials Retrieval System, Computer-based Resource Units (CBRU), Educational Research Information Center (ERIC), Materials Analysis and Retrieval System (MARS) and the Master-Teacher Model are some of the educational innovations which GLRS has introduced to Georgia educators.
5. GLRS acts as an information network. Information is disseminated to special educators about the various areas of exceptionality, about programs and services offered to exceptional children in Georgia and about meetings and conferences of interest to special educators.
6. GLRS provides information and referral for diagnostic services and educational planning for the severely handicapped child.

Georgia Learning Resources System Directory

State Coordinator, GLRS
Program for Exceptional Children
Georgia Department of Education
State Office Building
Atlanta, Georgia 30334
(404) 656-2425 (GIST) 221-2425

SOUTHWEST GEORGIA CENTER, GLRS

P. O. Box 1470
Albany, Ga. 31702
(912) 432-9151

*Southwest Georgia GLRS Satellite
Early County Junior High School
Blakely, Ga. 31723
(912) 723-3749

WEST CENTRAL CENTER, GLRS

55 Savannah St.
Newnan, Ga. 30263
(404) 251-0888, (GIST) 232-1496

NORTH GEORGIA CENTER, GLRS

P. O. Box 546
Cleveland, Ga. 30528
(404) 865-2043

METRO EAST CENTER, GLRS

Robert Shaw Center
385 Glendale Road
Scottsdale, Ga. 30079
(404) 292-7272

METRO WEST CENTER, GLRS

Metro CESA
2268 Adams Dr., N.W.
Atlanta, Ga. 30318
(404) 352-2697

NORTHEAST GEORGIA CENTER, GLRS

Northeast Georgia CESA
375 Winter Dr.
Winterville, Ga. 30683
(404) 742-8292, (GIST) 241-7675

MIDDLE GEORGIA CENTER, GLRS

3769 Ridge Ave.
Room 101 (Alexander IV School)
Macon, Ga. 31204
(912) 476-1113

EAST GEORGIA CENTER, GLRS

Joseph Lamar Elementary School
907 Baker Ave.
Augusta, Ga. 30904
(404) 736-0760

*Louisville Center, GLRS Satellite
Louisville Academy
Louisville, Ga. 30434
(912) 624-7794

NORTH CENTRAL CENTER, GLRS

North Georgia CESA
#5 West Side Square
Ellijay, Ga. 30540
(404) 635-5391

WEST GEORGIA CENTER, GLRS

1532 Fifth Ave.
Columbus, Ga. 31901
(404) 324-5661

*West Georgia GLRS Satellite
Sumter Co. Instructional Materials Center
Americus, Ga. 31709
(912) 924-4955

NORTHWEST GEORGIA CENTER, GLRS

115 W. Washington St.
Summerville, Ga. 30747
(404) 857-5421

*GLRS Satellite, NW Georgia CESA
Route 1, Box 255
Cedartown, Ga. 30125
(404) 684-5443 (GIST) 295-6190

METRO SOUTH CENTER, GLRS

Griffin CESA
P. O. Drawer H
Griffin, Ga. 30223
(404) 227-0632 (GIST) 253-7311

SOUTH CENTRAL CENTER, GLRS

Child Development Center
1492 Bailey St.
Waycross, Ga. 31501
(912) 285-6191 (GIST) 368-6191

*South Central Center, GLRS (West)
Coastal Plains CESA
1200 Williams St.
Valdosta, Ga. 31601
(912) 247-3482

COASTAL AREA CENTER, GLRS
Chatham County Board of Education
208 Bull St., Room 300
Savannah, Ga. 31401
(912) 234-2541, Ext. 301 or 302

*Coastal Area GLRS Satellite
2400 Reynolds St.
Brunswick, Ga. 31520
(912) 264-6222

EAST CENTRAL CENTER, GLRS
Wrightsville Primary School
P. O. Box 275
Wrightsville, Ga. 31096
(912) 864-3246

*GLRS Satellite, Heart of Georgia CESA
312 South Main St.
Eastman, Ga. 31023
(912) 374-5244

SOUTHEAST GEORGIA CENTER, GLRS
J. R. Trippe School
400 West Second St.
Vidalia, Ga. 30474
(912) 537-7797

*Satellite Center of the preceding GLRS Center

Appendix C

Application for Talking Book Services



GEORGIA DEPARTMENT OF EDUCATION
 LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED
 1090 Murphy Avenue, S. W.
 ATLANTA, GEORGIA 30310
 Telephone: 753-0138

APPLICATION FOR TALKING BOOK SERVICE

Mr. _____
 Mrs. _____
 Miss _____
 NAME _____ TELEPHONE _____

ADDRESS _____
 STREET CITY STATE ZIP CODE COUNTY

DATE OF BIRTH: MONTH DAY YEAR SEX: MALE: FEMALE

EDUCATION (Circle One): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

DO YOU READ BRAILLE? _____ CAN YOU READ LARGE TYPE? _____

READING INTERESTS: _____

PHYSICAL REASON WHY APPLICANT CAN NOT READ NORMALLY _____

MEDICAL DIAGNOSIS _____

CERTIFIED BY _____
 STREET CITY STATE ZIP CODE

SIGNATURE TITLE

Please supply the name, address and telephone number of a responsible person whom the Library can contact, if necessary, for return of library materials.

NAME _____

ADDRESS _____

TELEPHONE _____

RELATIONSHIP TO APPLICANT _____

DATE OF APPLICATION _____

**Appendix D
Centers for
Severely Emotionally Disturbed**

Centers for Severely Emotionally Disturbed (Psychoeducational Center Network)

The SED centers are multidistrict programs designed to serve a low incidence population. The projected population for SED is one half of one percent (.005%) of the population, ages zero through 16. There are currently 24 centers, each with satellite services, providing nonresidential, community-based services including diagnostic educational, psychological and psychiatric assessment, remedial services such as special education classes, individual and group therapy and parent services.

Each center is responsible for serving children, ages zero through 16, who are severely emotionally disturbed or behaviorally disordered. The major admission requirement will be the presence of an emotional or behavioral disorder severe enough to require a special child treatment program or a special education program not available in the public school or community. Children who are mild to moderate behavior problem or discipline problems are not eligible. These children are characterized by

- (1) severe emotional disturbance such as, but not limited to, childhood schizophrenia, autism, severe emotional deprivation and adjustment reactions,
- (2) severe behavioral disorders such as, but not limited to, neurological impairment, cultural deprivation and developmental,
- (3) severe school-related maladjustment such as, but not limited to, behavior, socialization communication and academic skills.

At all centers, referrals will be accepted from; but not limited to, early childhood programs, private day-care programs, community service centers, well baby clinics, kindergartens, public schools, parents and other child-serving agencies and physicians.

For additional information, contact the State Coordinator, Centers for Severely Emotionally Disturbed, Georgia Department of Education, State Office Building, Atlanta, Georgia 30334 or call (404) 656-6317.

Federal law prohibits discrimination on the basis of race, color or national origin (Title VI of the Civil Rights Act of 1964), sex (Title IX of the Education Amendments of 1972 and Title II of the Vocational Education Amendments of 1976); or handicap (Section 504 of the Rehabilitation Act of 1973) in educational programs or activities receiving federal financial assistance.

Employees, students and the general public are hereby notified that the Georgia Department of Education does not discriminate in any educational programs or activities or in employment policies.

The following individuals have been designated as the employees responsible for coordinating the department's effort to implement this nondiscriminatory policy

- Title II — Loydia Webber, Vocational Equity Coordinator
- Title VI — Peyton Williams Jr., Associate Superintendent of State Schools and Special Services
- Title IX — Evelyn Rowe and Myra Tolbert, Coordinators
- Section 504 — Jane Lee, Special Education Coordinator

Inquiries concerning the application of Title II, Title VI, Title IX or Section 504 to the policies and practices of the department may be addressed to the persons listed above at the Georgia Department of Education, State Office Building, Atlanta 30334, to the Regional Office for Civil Rights, Atlanta 30323; or to the Director, Office for Civil Rights, Education Department, Washington, D.C. 20201