

**Seminole I.S.D.  
Pregnancy Related Services  
Administrative Policy**

Description of Program:

The goal of this program is for students who are pregnant to receive a high school diploma. Pregnancy Related Services (PRS) are support services the pregnant student receives to help her adjust and stay in school during the pregnancy and postpartum period. Students are to be provided educational opportunities either in the regular school setting or through an alternative school setting. Instruction in the home is provided before birth only, if the student develops health problems and goes through an ARD or GEH Committee. Services offered under the program may include:

- counseling services
- school health services
- transportation services
- assistance in obtaining services from government agencies
- assistance in obtaining community service organizations
- health and nutrition programs
- prenatal health care instruction (knowledge and care in child development)
- parenting instruction
- home and family living
- information on child care facilities and how to access child care services for students with existing children
- Compensatory Education Home Instruction (CEHI).

CEHI provides academic services to students at home or hospital bedside when pregnancy prevents the student from attending school during the prenatal and postpartum periods.

**Program Design:**

**Eligibility Criteria:** Any school age person who is pregnant is eligible for the program. The student's eligibility to receive PRS is verified by:

- A responsible campus official (Counselor)
- A physician, nurse practitioner, or nurse midwife licensed to practice in the United States.

**Eligibility:** PRS ends upon the student's return to the regular classroom setting.

**Enrollment:** An individualized PRS plan is written based on the services offered in the campus and district improvement plans. The date the student begins the services is considered the effective date of entry into the PRS program, provided the necessary documentation is on file at the time.

**Prenatal:** Prenatal students during the prenatal period may be provided CEHI when necessary.

Seminole ISD  
Pregnancy Related Services  
Compensatory Education Home Instruction Guidelines

The homebound teacher will give the student four hours of instruction per week as arranged by student and teacher.

The student is expected to be at home at the arranged times and prepared to work with the teacher. Arrangements should be made to have minimal interruptions by others in the home. Televisions, stereos, cell phones, etc. should be turned off for the duration of the session. Someone other than the student must provide childcare to avoid further interruptions.

In the event that the student is too ill to work, the parents or guardian must contact \_\_\_\_\_ at \_\_\_\_\_ by 7:30 a.m. on the day in question. This will be recorded as an absence and the next meeting will make up all work assignments for that day if credit is to be given.

Four absences by the student will necessitate a conference with the student, parent/guardian, and the campus assistant principal unless other arrangements have been made.

The student will make every reasonable effort to refrain from scheduling doctor's appointments during the scheduled meeting times.

This program is a very demanding learning situation because the student does not have access to classroom discussion, labs, and direct classroom teacher contact. The student must be aware that her class work may be more difficult. Remember that the student may be assigned several days of assignments at one time. Self discipline and parental support is mandatory for the student to be successful. The student must maintain assignments to return to school at her same level as her classmates.

The CEHI student may not visit the campus without permission.

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I, \_\_\_\_\_, understand and agree to the above Compensatory Education Home Instruction (CEHI) guidelines and will fulfill them to the best of my ability.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Principal

Seminole High School  
2100 NW Ave. D  
Seminole, TX 79360  
(432) 758-5873  
Fax (432) 758-6400 (Counselor Office)  
Principal, Mr. Robert Chappell

**Prenatal/Postpartum Homebound  
Documentation Form**

School Year: \_\_\_\_\_

PRS Indicator: \_\_\_\_\_

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Attention Attending Physician:

Please fill out the documentation below in the event that our student is placed on prenatal or postpartum homebound, Compensatory Education Home Instruction (CEHI).

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Dr. Note Requirements:

1. Please provide a statement of the "medical necessity for prenatal confinement". (A medical diagnosis and condition in accordance with the ICD is required by the Texas Education Agency)

Medical reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Length of Prenatal or extended Postpartum confinement:

Beginning Date: \_\_\_\_\_ to Medical release Date (return to school): \_\_\_\_\_

3. Please provide a statement of how the student can better be served or the condition ameliorated by placing the student in CEHI; and or an explanation of the medical risk(s) that attending school presents to the student and/or the undelivered baby.

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attending Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Pregnancy Related Services Plan

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date/Method Pregnancy Verification

\_\_\_\_\_  
Administrator Making Verification

\_\_\_\_\_  
Date Services began/end

\_\_\_\_\_  
1  
PRS Indicator Code/ Date on/off

\_\_\_\_\_  
Physicians' Name

### Individualized Pregnancy Related Services Plan

Check as many of the services as applicable to the student's needs and date the service began.

- \_\_\_\_ 1. Counseling \_\_\_\_\_
- \_\_\_\_ 2. School Health Services \_\_\_\_\_
- \_\_\_\_ 3. Transportation Services to Governmental or Health Agencies \_\_\_\_\_
- \_\_\_\_ 4. Assistance in Obtaining Governmental Services \_\_\_\_\_
- \_\_\_\_ 5. Special Classes in Child Development, Parenting, Home and Family Living  
\_\_\_\_\_
- \_\_\_\_ 6. Assistance in Finding Child Care \_\_\_\_\_
- \_\_\_\_ 7. Transportation for Student's Existing Children \_\_\_\_\_
- \_\_\_\_ 8. Compensatory Education Home Instruction- Beginning Date \_\_\_\_\_  
Ending Date \_\_\_\_\_
- \_\_\_\_ 9. Other Services \_\_\_\_\_

\_\_\_\_ Were Vocational and/or Special Education Services Terminated-Date \_\_\_\_\_  
Yes/No

\_\_\_\_ Method of Verification \_\_\_\_\_ Person Recording Verification \_\_\_\_\_ Expected Delivery Date \_\_\_\_\_  
Actual Delivery Date \_\_\_\_\_

Was additional time past the six weeks given for postpartum approved by a physician?  
Yes/No Date Approved \_\_\_\_\_ Physician \_\_\_\_\_

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
PEIMS Signature

**Seminole ISD  
Pregnancy Related Services  
Educational Home Instructional (CEHI) Goals and Objectives**

Student Name: \_\_\_\_\_

CEHI Instructor: \_\_\_\_\_

Date of Service: \_\_\_\_\_ to \_\_\_\_\_

| Period          | Class | Discontinued | Continued with Modifications | Continue |
|-----------------|-------|--------------|------------------------------|----------|
|                 |       |              |                              |          |
| 1st             |       |              |                              |          |
| 2 <sup>nd</sup> |       |              |                              |          |
| 3rd             |       |              |                              |          |
| 4th             |       |              |                              |          |
| 5th             |       |              |                              |          |
| 6th             |       |              |                              |          |
| 7th             |       |              |                              |          |
| 8th             |       |              |                              |          |
| 9th             |       |              |                              |          |

\_\_\_\_\_  
Student

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Homebound Teacher

INSTRUCTIONAL ARRANGEMENTS  
HOMEBOUND INSTRUCTION

EEH  
(LOCAL)

- GENERAL EDUCATION** Consistent with TEA's Student Attendance Accounting Handbook (SAAH), a student to be confined for a minimum of four weeks to a hospital or homebound for medical reasons specifically documented by a physician licensed to practice in the United States may be eligible for general education homebound services. The parent's request for services shall be made through the principal in accordance with TEA's SAAH and administrative procedures.
- The principal or designee shall convene a placement committee composed of at least a campus administrator, a teacher of the student, and the parent or guardian of the student to consider the necessity of providing general education homebound instruction to the student. If the committee determines that such instruction is appropriate, the committee shall determine the type and amount of instruction to be provided and, when the student is able to return to the regular educational setting, the length of the transition period based on current medical information.
- SPECIAL EDUCATION** For special education students, the ARD committee shall determine the type and amount of instruction to be provided and, when the student is able to return to the regular educational setting, the length of the transition period based on current medical information.
- DOCUMENTATION OF SERVICES** The District shall maintain, in accordance with administrative procedures, full documentation about students receiving homebound services.

# Seminole I.S.D. Homebound Attendance Report

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  Sp. Ed.

Campus: \_\_\_\_\_ Grade: \_\_\_\_\_  PRS

Week of: \_\_\_\_\_ Intermittent: Yes \_\_\_\_\_ No \_\_\_\_\_  GEH

Monday (Date) \_\_\_\_\_

Time instructing student Absent \_\_\_\_\_ Present \_\_\_\_\_ Hours Served \_\_\_\_\_

Time spent gathering/returning school information: \_\_\_\_\_ + \_\_\_\_\_

Miles traveled (if applicable): \_\_\_\_\_ Daily Total = \_\_\_\_\_

If absent, state reason: \_\_\_\_\_

Tuesday (Date) \_\_\_\_\_

Time instructing student Absent \_\_\_\_\_ Present \_\_\_\_\_ Hours Served \_\_\_\_\_

Time spent gathering/returning school information: \_\_\_\_\_ + \_\_\_\_\_

Miles traveled (if applicable): \_\_\_\_\_ Daily Total = \_\_\_\_\_

If absent, state reason: \_\_\_\_\_

Wednesday (Date) \_\_\_\_\_

Time instructing student Absent \_\_\_\_\_ Present \_\_\_\_\_ Hours Served \_\_\_\_\_

Time spent gathering/returning school information: \_\_\_\_\_ + \_\_\_\_\_

Miles traveled (if applicable): \_\_\_\_\_ Daily Total = \_\_\_\_\_

If absent, state reason: \_\_\_\_\_

Thursday (Date) \_\_\_\_\_

Time instructing student Absent \_\_\_\_\_ Present \_\_\_\_\_ Hours Served \_\_\_\_\_

Time spent gathering/returning school information: \_\_\_\_\_ + \_\_\_\_\_

Miles traveled (if applicable): \_\_\_\_\_ Daily Total = \_\_\_\_\_

If absent, state reason: \_\_\_\_\_

Friday (Date) \_\_\_\_\_

Time instructing student Absent \_\_\_\_\_ Present \_\_\_\_\_ Hours Served \_\_\_\_\_

Time spent gathering/returning school information: \_\_\_\_\_ + \_\_\_\_\_

Miles traveled (if applicable): \_\_\_\_\_ Daily Total = \_\_\_\_\_

If absent, state reason: \_\_\_\_\_

**TOTAL TIME WITH STUDENT:** \_\_\_\_\_

**TOTAL MILES FOR THE WEEK:** \_\_\_\_\_

**TOTAL TIME FOR THE WEEK:** \_\_\_\_\_

**Homebound Teacher Printed Name:** \_\_\_\_\_

**Homebound Teacher Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

A copy of this form should be sent to the campus attendance clerk and the Admin. Business Office at the end of each week.