The influence of state reform in homebound/hospital instruction in the state of Georgia

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THE INFLUENCE OF STATE REFORM IN
HOMEBOUND/HOSPITAL INSTRUCTION
IN THE STATE OF GEORGIA

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ABSTRACT

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THE INFLUENCE OF STATE REFORM IN HOMEBOUND/HOSPITAL INSTRUCTION IN THE STATE OF GEORGIA

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This study examined the impact of school reform on the homebound/hospital education program before and after the implementation of the Quality Basic Education Act. The impact of school reform was in relationship to the location of the school district and delivery modes of services. It also examined teacher preparation, types of funding sources, selected biographic factors of special education directors and certification of special education directors. Participants included 52 directors in the state of Georgia with responsibility for homebound/hospital delivery services. The study revealed that contract teaching is on the increase. The study recommended that special attention should be given to the written contract.
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CHAPTER I

INTRODUCTION

In the early 1960s the state of Georgia mandated that educational opportunities be available to all homebound/hospitalized students. Students who had been medically diagnosed with a physical condition which was non-communicable and restricted the student to his/her home for a period of ten days or longer were considered eligible for the service of a home instructor if other conditions were met. Eligibility for homebound/hospital services is based upon proper enrollment in a Georgia public school, the declaration from a qualified physician stating that the student is physically unable to attend school for at least ten days, the child's ability to profit from educational instruction, and written parental permission. Those students who are in need of services in grades K-12 and are qualified are assigned a homebound teacher who goes to the home a maximum of three days a week, one hour a day to meet the student's educational needs and to continue the designed program of study. In the late 1970s and early 1980s, teleclass instruction was added as an alternative mode of instruction, and in the middle 1980s contract teaching was added in some Georgia school systems. The effectiveness of these modes of teaching homebound/hospital students have not been determined.
Background of the Study

The Georgia State Department of Education, in its 1988 regulations, addressed homebound/hospital services for the handicapped population but made no mention of homebound/hospital services for regular education students. The law states, "... a continuum of delivery systems shall be made available to students identified as handicapped. These shall include resource program, self-contained program, psychoeducational program, special day school program, multisystem program, homebound/hospital instruction, state operated school and residential program" (Georgia Department of Education, 1988, p. 35).

Information secured from the 1987-88 Monthly Attendance Report shows a total of 1,168 students were taught in the state of Georgia by homebound/hospital delivery services. Of this number, 513 were non-handicapped students, 430 were health impaired, 224 were handicapped students, and one was gifted (Georgia Department of Education, 1988).

In the Atlanta Public Schools, 71 students were taught by homebound/hospital delivery services. Forty-three of this number were non-handicapped students, 16 were health impaired and 12 were handicapped (Eikert, 1988). In the Atlanta Public School System there are five homebound/hospital teachers and one teleclass teacher instructing this small number of students.

Prior to enactment of the Georgia Quality Basic Education Act (QBE), the state of Georgia required certification for all homebound/hospital teachers. This meant that each teacher would take a minimum
of fifteen (15) quarter hours in education for such courses as Introduction to Homebound/Hospital Teaching, Materials and Methods of Teaching Homebound/Hospitalized Students and the Nature and Effects of Childhood Disease. These courses enabled the teacher to secure background information for the kinds of students expected for homebound/hospital services and suggested methods of teaching the students. According to Abramson (1986), certification encourages teachers to focus more directly on the homebound student as a student rather than a student with a disability. The teacher is more aware of how illness can affect students and the side effects certain medications have on students physically and mentally.

Today, certification is no longer a requirement and homebound/hospital is no longer a program in special education but a delivery model. The rationale for this, according to the State Department of Education (1988), is to include all qualified teachers who can assist in teaching homebound/hospital students to do so, especially in the fields of mathematics and science. Non-handicapped students are regular education students and can be taught by regular education teachers.

Funding for the homebound/hospital program also presents a problem for regular education homebound students. Before the Quality Basic Education Act (QBE), funding was based on the average daily attendance. Since QBE, funding is established by Full-Time Equivalent (FTE) Count which is mandated by the Georgia State Law.
Significance of the Problem

The homebound/hospital program has generated little interest in the education arena in the United States. On the national level, there has been a gradual reduction of emphasis on the education of homebound/hospital students and a decrease in the number of teacher preparation programs focusing on students with health problems (Hall, 1987). A reason for this may be that students with health problems are not a static or permanently definable population. They manifest neurological, motor dysfunction and/or medical problems which interfere with participation in usual school and community activities. Their physiological and functional problems are complex and diverse, and their handicaps may be temporary, intermittent, chronic, progressive or terminal. Their disabilities may be congenital or adventitious. Their medical diagnoses are so diverse as to include bronchopulmonary dysplasia, head trauma, cerebral palsy, asthma, seizure disorders, broken bones, surgery, chronic health problems, autoimmune deficiency and terminal illnesses. Their educational and social needs have few commonalities (Connor, Scandary, and Tullkoch, 1987).

During the last five years, few comments have emanated from national educational bodies despite the predictable number of children within the total educational population for whom educational services are mandated (Connor, 1988). The percentage of homebound/hospitalized and health impaired individuals are considerably less than those for children with mental, emotional and learning impairments. Of the
nation's homebound/hospital students in 1987-88, ages 3 to 21 years, less than one and one-half percent were reported as homebound/hospitalized and as health impaired (OSERS, 1985). The Council for Exceptional Children (CEC), the national and parent organization for the Division for the Physical Handicapped (DPH), has given little support for the homebound/hospital program and has not publicly recognized the need for methods of teaching students to foster quality education. This benign neglect is probably because DPH is not one of the larger divisions. However, DPH is committed to effecting change through coordinated efforts within CEC and with systematic plans for its support (Scandary, 1988).

The study had significance because the information gathered could have an impact on the decision making process for homebound/hospital students and could improve the lack of motivation from leaders, lack of commitment and the lack of improvement. These views are congruent with those of Podemski et al. (1985). In discussing the significance of the methods of teaching, these writers state that evaluation could be used to point out strengths and weaknesses and that such information may be used to correct weaknesses.

Statement of the Problem

The study focused on the need to determine the impact of school reform in homebound/hospital instruction in the state of Georgia. The study assessed the factors which influence the delivery modes before the implementation of the Quality Basic Education Act (QBE) and after
the implementation of QBE. Further, the study assessed the differences and the relations between the location of the school district and delivery modes, teacher preparation, funding and biographic backgrounds of directors.

This information should provide the state of Georgia with information needed to assess the homebound/hospital program for more efficient teaching. Bracett (1987) cites the following problems of homebound instruction: (1) more homebound children than can be cared for by present staff of qualified teachers; (2) a shortage of qualified teachers to teach high school subjects; and (3) insufficient funds and facilities to care for the psychological and social needs of shut-ins and consideration is not always given in the selection of teachers.

Children on teleclass face separation to varying extents. Upon becoming ill, children are removed from their community associates, classmates, and teacher. They are living with uncertain existence in an unattached environment.

With problems arising from homebound and teleclass teaching, many school systems have turned to contract teaching. With limited guidelines, inadequate inservice training and limited publicity, this method of teaching has gotten off to a slow start. Roberts (1985) reports that contract teaching is expensive, and creates numerous problems because teaching takes place after school hours when studying may be difficult. She also states that supervision is limited because of the hours in which teaching takes place.
Statement of the Purpose

The purpose of this study was to collect data from special education directors in the state of Georgia that could be used by special education administrators to determine to what extent, if any, services to homebound/hospital students have changed in light of recent revisions in state law and the Quality Basic Education regulations. Additionally, the study sought to examine the relationship between the location of the school district and delivery modes of services. It also examined the preparation of teachers, types of funding and biographic factors of special education directors and certification of special education directors. Finally, the study examined what mode of delivery services were used currently for serving this population, i.e., homebound/hospital, teleclass and/or contract teaching.

Research Questions

The following questions were generated to facilitate the accomplishment of the study's purpose:

1. Is there a difference between the delivery modes before the implementation of the Quality Basic Education mandates and delivery modes after the implementation of Quality Basic Education as measured by the Homebound/Hospital Survey?

2. Is there a relationship between the location of the school district and the delivery mode of services as measured by the Homebound/Hospital Survey?
3. Is there a relationship between the location of the school district and the preparation of teachers as measured by the Homebound/Hospital Survey?

4. Is there a relationship between the location of the school district and the types of funding as measured by the Homebound/Hospital Survey?

5. Is there a relationship between the biographic factors of special education directors and certification of special education directors as measured by the Homebound/Hospital Survey?

Summary

The state of Georgia has mandated educational opportunities for all homebound/hospitalized students who meet eligibility requirements. Eligibility includes proper enrollment in a Georgia public school, the declaration from a qualified physician stating that the student is physically unable to attend school for at least ten days, the child's ability to profit from educational instruction, and written parental permission. The Georgia State Department of Education did not include homebound/hospital services for regular education in its 1988 regulations. In the state of Georgia, a total of 1,168 students were taught by homebound/hospital delivery services and of this number, 513 were regular education students. After the enactment of the Quality Basic Education Act (QBE), certification for homebound/hospital teachers was discontinued. Also, funding is now established by Full-Time Equivalent (FTE) count which is mandated by the Georgia State law instead of the average daily attendance.
CHAPTER II

REVIEW OF RELATED LITERATURE

Very few dissertations have been written in the area of homebound/hospital education; yet, many writers have examined and written articles concerning the program. These articles assumed that appropriate modes of teaching should be provided students and provisions must include materials as well as technical and human resources. In many school systems, different modes of teaching are used. For this reason, the literature reviewed and reported in this chapter related to various methods of providing services to homebound/hospital students and school reform. The specific topics which guided the review were school reform, traditional homebound, contract and teleclass teaching. A summary and critique of the literature concludes the review. To conclude the chapter, the contribution which the present research is expected to make to directors for homebound/hospital delivery services is reported.

School Reform

In his classic study, Stephens (1988) sought to obtain current and comprehensive data on educational reform proposals of the 1980s. The study provided a composite of pertinent factors, content issues and critical questions of substance and value in teacher education. It provided a framework upon which teacher education reform could be erected. The results of the study revealed significant variance among
variables. Basically, proposals for school reform should: (1) gain widespread public and professional attention, (2) avoid professional and public disagreements and conflicts regarding proposed innovations; and (3) avoid uncovering unanticipated difficulties which might hamper reform initiatives as well as producing reports as economical and expeditiously as possible.

As a part of her study on educational reform legislation, Gonren (1987) provided a brief overview of the role of administrators at secondary school levels. The writer noted the following eight administrative domains: (a) general administration and organization; (b) curriculum and instruction; (c) budget; (d) pupil services; (e) school community relations; (f) school plant; and (g) personnel appraisal and development. Based on the data gathered, the following conclusions were drawn. Administrators spent 52.6% of the time on general administration and organization. The results of the study revealed that staff development should be strengthened for all secondary school administrators and staff development specialist who is trained, knowledgeable, and able to deal with administrative problems.

Among the various purposes of the research of Kent (1985), the writer sought to identify the need of recertification of educational administration in Illinois under the Educational Reform Package. The study provided and formulated a recertification plan that had the highest possible chance for success in improving principal behaviors that have a positive impact on teacher and student performance. The findings
were that professional recertification modes suggested that a recertification plan should include an appraisal of the individual's strengths and weaknesses, an individually developed plan to address weaknesses, and an evaluation phase to determine if progress has been made. Recertification should be viewed as a cyclical process, not a group isolated experience.

The study of Prillman and Richardson (1985) also reviewed recertification requirements. The writers recommended that all states (including the District of Columbia) upgrade requirements for certification to meet the increased demands placed on leaders with responsibilities. The most comprehensive study reviewed which related to recertification was that of Burrello and Zadnick (1986). In the study, the writers sought to identify critical success factors (CSFs) of administrators. The 14 CSFs identified were classified into five types of administrative/supervisory skills.

In noting the significance of school reform all programs must maintain excellence as well as demonstrate competence. Studies conducted by Hendricks (1986), Gold (1986), and Levy (1987) focused on administrative practices in homebound programs. Hendricks (1986), studying programs in the Middle Atlantic states, found that administrative leadership was lacking. While supporting the identification of the homebound and the approval of instructional programs, the use of part-time untrained personnel to deal with the physically handicapped was, in his opinion, indicative of the minor role homebound plays in
the total education program. He recommended that administrative roles be clarified, full-time qualified teachers in critical areas of teaching such as mathematics, science and language arts, and specific homebound/hospital certification become the number one priority in the homebound/hospital program.

Albertson (1987) reported that lack of a written policy statement to provide structure for meeting the states' guidelines for homebound/hospital programs. The lack of adequate and accurate records hampered assessment of the existing program. She recommended invigorating and accentuating the positive rather than attempting the impossible. The homebound/hospital teacher can be effective in keeping the "return to school" goal uppermost in the minds of the student and parents (Levy, 1987).

**Critique of School Reform Literature**

The related literature on school reform adheres to the fact that the role of administrators should be clearly defined. The eight administrative domains which include administration and organization, curriculum and instruction, budget, pupil services, school community relations, school plant and general appraisal and development are the total ingredients for a balanced program. Administrators spent 52.6% of the time on general administration and organization. Homebound/Hospital delivery services in the state of Georgia could benefit from personnel appraisal in the selection of teachers with distinct and varied
backgrounds such as mathematics, science and foreign languages. In the state of Georgia, homebound/hospital delivery service has been a part of the program since the early 1960s, yet school/community relations have been limited concerning the total school program and that makes homebound/hospital one of the schools best kept secrets.

Kent (1985) identified the need of recertification of educational administration. The study provided and formulated the highest possible chance for success in improving teacher and student performance. In order for students to continue to progress, teacher certification must be a part of the plan to appraise individual strengths and weaknesses and an evaluation phase to determine if progress has been made.

Leadership in the homebound/hospital program was lacking. The use of part-time untrained personnel indicates the minor role homebound plays in the total education program. With leadership in general administration and organization; curriculum and instruction; budget; pupil services; school/community relations; school plant and personnel appraisal and development, homebound/hospital would be strengthened and quality education performed.

**Homebound/Hospital Education**

Homebound teaching is provided within the home by full-time teachers during the regular school day. They can schedule around medical needs of the student, facilitate the initiation of service, and provide the experiences and training for quality education.
Few books and dissertation studies have been written on the homebound/hospital program, but writers such as Connor (1988), Johnson (1987), Bracett (1987) believe that homebound teachers must have a broad professional preparation in child growth and development, methods and materials for teaching children with multiple disabilities, and experiences with children at different maturation levels. In addition, he/she must be a public relations specialist in relating to other professionals. This was acknowledged because students with medical problems sometimes develop at a slower rate than other children. Teachers must be able to communicate correctly with doctors, nurses, social workers, teachers, parents, administrators, siblings and friends whenever they feel that things in the home should be attended by other professionals that they are not qualified to do and the parents have neglected to seek outside help (Mackey, 1985).

Many professionals agreed that homebound/hospital instruction does not have the structure that is found in other educational programming. Coleman (1987) supports the views of Howard (1986) and Walker (1987) that educational preparation must take place in order for educational stimulation to come when taught outside the school setting. They also agreed that audio-visual aids and supplementary books and other teaching materials should be included in the teaching of homebound/hospital students on a regular basis. In a paper presented to a group of special educators, Myers (1982) gave a comprehensive review of the needs of homebound/hospitalized students, and like several
writers, he viewed homebound as a program where limited supervision of teachers takes place.

Homebound instruction is a unique form of teaching. Lieman (1986) studied the verbal behavior of classroom and homebound teachers. It was found that homebound teachers talked proportionately less than classroom teachers and initiated pedagogical moves to a greater degree. This might be the result of the fact that in homebound instruction, many subjects must be covered in short periods of time. However, the "one on one" experience would allow the teacher to quickly assess the student's understanding of the material. Myers (1982) stated that a homebound teacher must be willing to master subject matter and teach almost simultaneously when necessary. This calls for intelligence, effort, flexibility and the willingness to learn with the student. Kleinberg (1983) cited the need for experience in a variety of settings with a variety of children. She further found that the ability to adapt programs, equipment, and materials is important. Bearlin (1987) cited the importance of a "pool" of contacts with a variety of people and teaching media. The ability to enlist the cooperation of others further extends the education experience of the homebound. The homebound/hospital teacher must be able to teach basic skills (Kirten and Liverman, 1987; Klausmeier, 1987), assess and remediate when necessary, and teach self-discipline and independent work habits (Odden, 1987) in order to minimize the chance of the student falling behind.
A review of the literature concerning homebound/hospital education also revealed that this program can be viewed from the following perspectives: (1) educational needs of ill children; (2) competency requirements of homebound/hospital teachers; and (3) delivery models (Kennard, 1984). Competencies required of teachers of this diverse population are an important factor in the success of homebound/hospital instruction. A review of the literature presented a picture of complex factors that must be considered in decision making and program planning for this student population (Roelen, 1988).

As physical and emotional health is interrelated, it is imperative that the emotional efforts of severe illness be recognized and understood. A portion of the literature about homebound education dealt with the effects of medical problems on children. Butler (1987) reported emotional stress that arises from the "whys" of pain and suffering. Young children misinterpret their suffering as the result of being "bad." The unfamiliar hospital environment with its frightening and painful medical procedures, at times, precipitates the loss of age appropriate behavior. Disobedience, withdrawal, and separation fears frequently manifest themselves. Sick children do not have the freedom of movement that could help dispel these tensions. Nannis (1988) wrote that the normal dependence/independence conflict which manifested itself during adolescence is exacerbated by a serious illness. As the treatment progresses, physical and emotional dependence increases. This clingy, overly demanding behavior is fortunately transitory and fades as health returns.
Baken (1988) cites locus of control, the perception of influence over the contingency between behavior and reward as a factor in learning. Using the Children's Internal/External Control Scale of Reinforcement with homebound/hospital students with three major disability categories (emotionally disturbed/socially maladjusted, physically handicapped, and chronic health impaired), the author assessed the perception of control in the homebound population. Baken (1988) contended that a teacher trained to recognize differences in children's responses to reinforcement can use the child's locus of control perceptions to the child's advantage in remediation and continued academic progress.

Butler (1987), Namnis (1988), and Baken (1988) stressed that the effects of illness on children are varied and multiple.

Homebound/Hospital instruction must be more than the teaching of the three "Rs" as serious illness thrusts children into unfamiliar and stressful situations. Awareness and understanding of the feelings and behaviors of these students are needed by a homebound/hospital teacher.

A sizable portion of the literature about homebound instruction dealt with the competencies needed by the teacher. It is generally acknowledged that the teacher must have a broad general education, a working knowledge of the medical aspects of handicapping conditions, and the sensitivity and skill to deal with the emotional stresses that can accompany illness. Clouser (1986) observed that school personnel are significant people in a child's life and parents look to the school for help in problems concerning their children. A homebound/hospital
teacher can be effective in motivating, invigorating, and accentuating the positive rather than attempting the impossible. The homebound teacher can be effective in keeping the "return to school" goal uppermost in the minds of the student and parents (Kirten, 1988).

Critique of Homebound/Hospital Education Literature

The study was compatible to studies reviewed in that the state of Georgia used the homebound/hospital program more than other delivery services which include teleclass and contract teaching just as the national trend indicates and the increase in the use of contract teaching. Homebound/Hospital teaching is a unique form of teaching and one-to-one teaching is ideal for students and teachers. This study supports studies that homebound teachers must be willing to master subject matter and teach almost simultaneously, when necessary.

Teleclass Teaching

Teleclass teaching provides full-time instruction via telephone. The communication equipment allows the teacher and student to interact verbally, individually and as a group.

Identified were various problems which appeared to be common among homebound programs. Nationally, the findings presented by Atkinson (1986) were: (1) many school systems permit administrative decisions regarding teleteaching to be made by non-administrative personnel; (2) there was considerable diversity in the ways administrators made decisions regarding teleteaching; (3) the majority of the school districts failed to explore all ways in which various kinds of equipment
could be used; (4) administrative leadership to insure a proper investment of monies in programs and services for teleteaching were lacking; and (5) teleclass instruction plays a minor role in the total educational program. The studies reviewed relative to current practice in homebound programs, materials and devices and utilizing equipment were descriptive and based on research conducted in large school districts. Carr (1985), Shault (1985), and Sercy (1985) all agree that teleteaching as a means of instruction indicates satisfactory educational progress, commensurate with the student's ability. Parents, pupils and regular classroom teachers were pleased in general with teleteaching and recommended the continuation of the program. Baken (1988) and Howe (1988) agree that teleteaching is a beneficial method of instruction for homebound students.

Grandstaff (1981), Shault (1985), Wharton (1983), and Swann (1983) agree that lack of standardization among states regarding training and/or certification requirements for teleteaching is extremely necessary. At present, such requirements range from no demonstrated special education competencies, training, and/or certification to specific special education certification (Abernathy, 1986).

The teleclass program has encountered many problems. Carolyn Ann Myers (1982) reported that teleclass instruction was not one of the desirable types of education for the following reasons: (1) vicarious learning is not likely to take place because the homebound child does not have the stimulation that comes from the personal contact with other children in classroom situations; (2) the teacher does not use as
many audio-visual aids to supplement books and other teaching materials which are immediately available in the school setting; (3) students are limited to one teacher for all subject areas; and (4) students have limited contact with resource persons outside the community.

Children on teleclass face separation to varying extent. Upon becoming ill, children are removed from their community associates, classmates, and teachers. They are living with uncertain existence in an unattached environment. Overt efforts to compare school and fun with that at home are usually disturbing, whether positive or negative (Hofmeister, 1985).

Critique of Teleclass Teaching Literature

According to studies on teleclass teaching, this method has proven to be very expensive. This is true because of the many components used to connect several students at a time; the ways to determine what student is talking; and the phone box which keeps the teachers' hands free during instruction. Even though the console is expensive, many districts have not explored all of the ways in which the equipment could be used when teaching is not taking place. Early morning or late afternoon conference calls can be made to principals before and after the school day, area group meetings for area resource teachers, coordinators and lead teachers.

One of the greatest disadvantages of teleclass teaching on the national level as well as on the local level is that students are limited to one teacher for all subject areas and limited contact with resource
persons outside the community. This study suggests that teleclass teaching should be departmentalized so that persons certified in areas such as mathematics, science, and foreign languages can be utilized.

**Contract Teaching**

Contract teaching relies upon regular classroom teachers providing in-home instruction after regular school hours. The teacher signs a contract agreeing to work specific hours at a specific hourly rate. This model provides teachers who are either the students' classroom teacher or who have daily contact with the classroom teacher and students' peer group.

With problems arising from homebound and teleclass teaching, many school systems have turned to contract teaching. With limited guidelines, inadequate in-service training and limited publicity, this method of teaching has gotten off to a slow start. Roberts (1985) reports that contract teaching is expensive, and creates numerous problems because teaching takes place after school hours when studying is not conducive because siblings are home and noise is hard to control. She also states that supervision is limited because of the hours in which teaching takes place.

Additional studies were reviewed which related to the effectiveness of contract teaching in homebound education programming. Some of these include experiments and perceptions of persons utilizing contracts. Others identified the need for improvement in the written contracts. The areas examined most often related to integrating goals utilizing
time, promoting participation, generating commitment and achievement functioning (Long, 1985; Beam, 1985). The significant findings of these studies were that home-school contractual program did not have an effect on student achievement in that instruction was well prepared, comprehensive and was related directly to the classroom teacher's lessons plans. Logan (1983) found that audio-visual materials and requirements were not utilized in the teaching process nor were a variety of innovated methods presented. Much of the writings in recent years have been directed toward improving the academic performances of students through the use of in-depth study skills training. Although the study showed that contracting can improve performance of students who are not experiencing academic difficulties, the same results might be unattainable with students who are academically "at risk." The study, however, did suggest that more administrators should be encouraged to use contract teaching.

Integrating goals, utilizing time, promoting participation and generating commitment were areas in which contract teaching was determined necessary. Bockers (1986) revealed that contracting with teachers on a one-to-one basis encouraged more goal setting and time was utilized effectively since all subject objectives were to be completed in an hour's time.

Since dissertation studies are so limited in the areas of homebound/hospital, teleclass and contract teaching, recommendations from writers have encouraged study in this area.
Critique of Contract Teaching Literature

Contract teaching differs from that of homebound teaching in that contract teaching uses the student's regular classroom teacher; whereas, homebound teaching uses whatever teacher is assigned to the student. This means that the teacher already has contact with the student, knows his/her strengths and weaknesses, knows what he/she needs to be taught to be on target with the regular class and is familiar with his/her books and plans.

Studies have revealed that problems have arisen from the written contract, guidelines, in-service training and limited publicity. Many counties in the state of Georgia are cautious in the use of contract teaching for these reasons. The fact that teaching takes place after the school hours has presented some problems. Some counties in the state of Georgia find contract teaching as the best method for their particular use in that it is less expensive because the number of hours taught after school is limited and part-time teachers can be used for the service.

Summary and Critique of Related Research

The related research reviewed for this study has been reported under four headings: (1) School Reform, (2) Homebound/Hospital Teaching, (3) Teleclass Teaching, and (4) Contract Teaching. A summary and critique of the research are presented in this section.

Studies reviewed relative to school reform have identified a composite of pertinent factors, content issues and critical questions
of substance and value in teacher education. It provided a framework upon which teacher and school reform could be erected. Some proposals for school reform are: (1) gain widespread public and professional attention; (2) need to avoid professional and public disagreements and conflicts regarding proposed innovations; (3) need to avoid uncovering unanticipated difficulties which might derail reform initiatives as well as producing reports as economical and expeditiously as possible (Stephens, 1988).

Identified was educational reform legislation (Gomren, 1987). Also, Kent (1985) sought to identify the need of recertification of educational administrators under the Educational Reform Package. Noteworthy is the fact that recertification gives an appraisal of individuals' strengths and weaknesses and an evaluation phase to determine if progress has been made.

Studies reviewed examined the interaction between education reform and programs for special student population. Education reform did not overshadow the gains made in equity but sought to merge equity and excellence, thus strengthening the total system.

Studies reviewed relative to homebound/hospital teaching have identified administrative practices and skills of teachers as successful progress for this delivery service (Hendricks, 1986; Gold, 1986; and Levy, 1987), and the lack of adequate and accurate records (Levy, 1987), and lack of written policy statement to provide structure for meeting
the states' guidelines for homebound/hospital delivery services (Gold, 1986).

Also identified was a problem which seems to be common for home instruction that is lacking in other educational programs and that is, educational programming structure (Coleman, 1987; Howard, 1986; and Walker, 1987). Also noteworthy is the fact that teacher competencies, a broad general education, a working knowledge of the medical aspects of handicapping conditions, and the sensitivity and skills to deal with the emotional stresses that accompany illnesses.

Teleclass teaching did, however, give new significance to the homebound/hospital program. Carr (1985); Shault (1985); and Sercy (1985) all agree that teleteaching is a means of instruction that indicates satisfactory educational progress commensurate with the student's ability. Benjamin (1988), Wharton (1983) and Swann (1983) agree that lack of standardization among states regarding training and/or certification requirements for teleteaching is extremely necessary.

The general findings were that invigorating and accentuating the positive rather than attempting the impossible for homebound/hospital students should be the utmost in the minds of administrators in directing the program.

Research related to contract teaching is fragmented and inconclusive. The areas in which the greatest research has been done and thus information provided is limited guidelines, inadequate in-service training and limited publicity. The areas examined most often related to the need for improvement
in the written contract. Other areas related to integrating goals utilizing time, promoting participation, generating commitment and achievement functioning (Long, 1985; Beam, 1985).

The homebound/hospital delivery service reflects the general trend of the education program in that these services are perceived as separate from the general function of the school system program. However, as parents' demands for services increase and scarce resources decrease, this trend is likely to be reversed.

**Contribution of the Present Research to the Area of Homebound/Hospital Teaching**

A review of the research surveyed for this study indicates that homebound/hospital teaching is increasing in significance. This enhancement of the homebound/hospital delivery service is the result of the recent state regulations—Quality Basic Education (QBE)—which sets rules and standards for the state of Georgia. However, research is limited in this area. No attempts have been made to determine the best method of teaching homebound/hospital students.

Although the present research was for the purpose of examining directors in the state of Georgia concerning the mode of teaching homebound/hospital students, it will augment existing descriptive information in the field. This study differs from existing ones in the field in that it will consider three modes of teaching homebound/hospital students rather than classroom based instruction. Of great significance to the writer is the fact that this research is expected to have direct
implications and applicability to the homebound/hospital delivery services in the state of Georgia.

This study will provide for directors of homebound/hospital delivery services in the state of Georgia useful information which will enable them to assess their present programs and identify sources of funding and how different modes of teaching can improve the delivery service for the students for which they have responsibility.
CHAPTER III

THEORETICAL FRAMEWORK

It was the purpose of this study to collect data from special education directors in the state of Georgia that could be used by special education administrators to determine to what extent, if any, services to homebound/hospital students have changed in light of the Quality Basic Education Act (QBE) regulations. Additionally, the study would seek to examine the effects of the differences and relationship between the location of the school district, teacher preparation, funding and biographic factors and certification of directors. Specifically, the study would seek to examine what mode of delivery services were used currently for serving this population of students.

The 1985 publication of the Quality Basic Education (QBE) Skills Document and the revision of the state of Georgia revisions of state regulations brought an awareness of the delivery services to homebound/hospitalized students. These services included three modes of teaching that include traditional homebound, teleclass, and contract teaching.

The independent variable in this study was School Reform in light of the Quality Basic Education Act, a document in 14 parts, each of which describes a major component of the comprehensive approach to improving education. Part One defines Quality Basic Education in terms of the major needs and goals to be met by the public school program.
A few of the major needs included: quality educational program, sufficient and equitable financing and improved statewide standards of performance (QBE, 1985). The QBE document made no mention of the homebound/hospital delivery service; yet, it is mandated by the state that homebound/hospitalized students are entitled to appropriate educational services (State Department of Education, 1988). Data on the independent variable of the study were secured through the Homebound/Hospital Survey through questionnaire items 9, 10, 11, 12, and 14 (see Appendix).

According to Tyler (1987), the effectiveness of education can be improved, and public calls for reform can be stimuli for that improvement. A significant change in the operation of a school requires changes in teachers' attitudes and practices as well as changes in other parts of the teaching/learning system. Teachers teach what they understand, what they believe is important and what they believe they can convey successfully.

In order for changes to be made in teaching modes of delivery to homebound/hospitalized students, a workable plan must be developed to provide the necessary training for those who will carry out the plan, and try out the plan and modify it to fit the particular conditions of homebound/hospitalized students.

The theoretical framework supporting the independent variable is important in understanding the significance of the study. Tyler (1987) states that school reform and the educational effectiveness of a given school program depends largely on the efforts of that school's personnel
and parents. By starting to identify school problems and seek effective solutions, parents and school personnel can set in motion a significant "reform movement" that can yield constructive outcomes.

The intervening variables were biographic data and types of disabilities. Demographic factors, that is, sex, age range, level of certification, level of education, and number of special education courses would be expected to influence perception of modes of delivery services to homebound/hospitalized students because of environmental influence, and/or prior experiences. Age range and tenure would relate to each other with respect to the length of time a person has been employed in that position. Demographic data and types of disabilities were secured from Homebound/Hospital questionnaire items 1, 2, 3, and 4 (see Appendix).

The kinds of disabilities and the seriousness of the disability would be expected to influence decisions on modes of teaching homebound/hospitalized students. Those students who are regular education students with disabilities would be more inclined for one mode of teaching, whereas a special education student with a disability will be less favorable and less desirable for a particular mode of teaching. Long term disability like life-threatening diseases and disabilities that alter the looks, size, and physical characteristics would take certain modes of teaching. These disabilities would include cancer, AIDS, multiple sclerosis, juvenile rheumatoid arthritis, pregnancy, spinal injuries that prohibit the use of limbs and body.
The dependent variables of the study were delivery modes for homebound/hospitalized students, teacher preparation, and funding. The delivery modes are homebound, teleclass and contract teaching. Homebound teaching is conducted in the home during the regular school day to provide experiences and training for quality education. Teleclass teaching provides full-time instruction via telephone. The communication equipment allows the teacher and student to interact verbally, individually and as a group. Contract teaching provides in-home instruction after school hours to provide experiences and training for quality education. Data on the dependent variables of the study were secured through the Homebound/Hospital questionnaire items 15, 16, 17, 18, and 19. Funding data were secured from items 5, 6, 8, and 9; modes of teaching from items 6, 8, and 9; and teacher preparation from items 7, 10, 11, 12, and 13.

Teacher preparation with commitment and demands of requirements focused on increasing concern and emphases on compliance and school standards. This emphasis has resulted in a corresponding de-emphasis on the quality of instructional services to students who are the recipients of homebound, teleclass and contract services. Thus, professionals in the field are advocating for this special population a more in-depth look at delivery services (Kleinberg, 1983; Gold, 1986). Those who expressed these views recognized that while students are receiving quality education outside the school setting, social growth and social contact is absent (Schler, 1987). Funding will include types and levels of funding homebound/hospital services.
The present challenge for homebound/hospital teachers was to provide the support necessary for compliant and quality education.

**Model of Relationships and Summary of Variables**

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Intervening Variables</th>
<th>Dependent Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Reform (QBE)</td>
<td>Biographic Data</td>
<td>Delivery Modes</td>
</tr>
<tr>
<td>School District Location</td>
<td></td>
<td>Homebound</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teleclass</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contract</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teacher Preparation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Funding</td>
</tr>
</tbody>
</table>

**Definition of Variables**

The primary functions of the homebound/hospital delivery services included the continuation of an adequate educational program with proper supportive educational and social support to foster compliant and quality education. However, to provide appropriate and adequate education will depend on the method of teaching students and the manner in which the educational curriculum is followed and presented to meet the educational needs of the homebound/hospitalized student.
1. School Reform - The degree to which passage of the Quality Basic Education Act has affected changes in the operation of the homebound/hospital program in such areas as delivery modes, funding and certification of teachers, i.e., certification and teacher preparation.

2. Biographic Variables - Gender, age, tenure, highest certification of director.

3. School Location - Whether the school district is located in an urban, rural, or suburban environment.

4. Delivery Modes - The dominant manner of teaching homebound/hospitalized students (homebound, teleclass, and contract teaching).

5. Teacher Preparation - Whether a teacher holds certification such as leadership regular education, leadership special education, doctorate or only special education courses.

6. Funding Source - Whether directors receive local, state, or federal funds.

7. Quality Teaching - Commitment and demands that focus on concern with emphasis on compliance and school standards.

The independent variables of this study were school reform and location. This factor was selected because of the expected significance of reform in influencing changes in schools. Data on this variable were secured through the Homebound/Hospital Survey from items 8, 9, 10, 11, 12, and 14.

The intervening variable of the study was biographic data. Data on this variable were secured through survey items 1, 2, 3, and 4.
The dependent variables of the study were homebound, teleclass and contract teaching. Data on these variables were secured through survey items 5, 6, 8, and 9. Data on funding were secured from survey items 15, 16, 17, 18, and 19.

**Hypotheses**

1. There is no significant difference between delivery modes before the implementation of Quality Basic Education and delivery modes after the implementation of Quality Basic Education as measured by the Homebound/Hospital Survey.

2. There is no significant relationship between the location of the school district and the delivery modes of services as measured by the Homebound/Hospital Survey.

3. There is no significant relationship between the location of the school district and the preparation of teachers as measured by the Homebound/Hospital Survey.

4. There is no significant relationship between the location of the school district and the types of funding sources as measured by the Homebound/Hospital Survey.

5. There is no significant difference between the biographic factors of special education directors and certification of special education directors as measured by the Homebound/Hospital Survey.

**Summary**

This research investigation was to determine to what extent, if any, services to regular education homebound/hospitalized students
have changed in light of recent revisions in state law and the enactment of Quality Basic Education regulations. The investigation would also determine the perceptions of directors in the state of Georgia regarding the effectiveness of the three delivery modes used currently for servicing this population of students, i.e., homebound, teleclass and contract teaching.
CHAPTER IV

METHODOLOGY

Design of the Study

The study used a descriptive research design which, according to Leedy (1980), "is that method of research that simply looks with intense accuracy at the phenomena of the moment and then describes precisely what the researcher sees" (p. 97). A survey was sent to selected directors of homebound/hospital education in the state of Georgia. The factors to be described were school reform (Quality Basic Education) and the relationship of biographic data and the impact it had on delivery modes of teaching homebound/hospitalized students which are homebound, teleclass and contract teaching. Types of disabilities were excluded from the research because of the broad range of disabilities of homebound/hospitalized students.

Description of Setting

The teaching unit, which is housed in Room 6 of the Instructional Services Center, consists of: (1) the teacher's console (2) a student identification console (3) a card dialer (4) a speaker phone and (5) the equipment cabinet. The unit enables the teacher to connect three types of conferences:

1. A regular conference in which the teacher can work with up to ten (10) students simultaneously and in which students may interact with the teacher and each other
An auxiliary conference which allows for student-to-student conversations and in which the teacher may talk with a sub-group

3. A split conference which provides two-way conversations between a student and teacher

The unit enables the teacher to remove a student from the regular conference to talk with him/her individually; to disconnect selected students from a conference without disconnecting the entire conference; and to tie in to remote locations for special events, such as a school auditorium, school classrooms, etc. Teaching media such as prepared tapes and/or recordings may be played to the students and the teacher may voice over the prepared materials when he/she wants to elaborate. The student's home phone requires no special equipment to hook up with the teleclass unit.

Population

The population for the study was a stratified, random selection of special education directors in the state of Georgia. The stratified, random sampling method was selected because it takes into consideration the heterogeneity of each system in the state of Georgia while giving each individual within the state an equal chance of being selected. The directors were selected with no regard for the classification of the system size. In the state of Georgia there are 126 school systems with hospital/homebound programs. They were divided into two groups, county schools and city schools. Both groups were taken into consideration.
Sixty-two school directors were randomly selected and issued a questionnaire by taking the name of every third county from the list of the 186 counties. Of this number, 52 or 83.8% were returned. This method gave the investigator an awareness of perceptions of county school directors as well as city school directors.

**Treatment**

A letter was sent to each director informing them about the questionnaire. A self-addressed, stamped envelope was issued to each director and informed to return the filled out questionnaire back to the investigator with a deadline issued.

The questionnaire was field tested by the investigator. To determine content validity and reliability prior to its general dissemination, the research instrument was given to ten Atlanta Public School administrators known to the writer. These persons were asked to assess the instrument using the following criteria:

1. Readability and clarity of items to preclude ambiguities;
2. Comprehensiveness of tasks listed to define operationally the independent and dependent variables
3. Use of sound principles in item construction

Verbal and written comments of the group were used to revise the instrument.

**Limitation**

This study was limited to homebound, teleclass and contract teaching in providing services to homebound/hospital students in the state of Georgia. Also, Quality Basic Education has only been in existence since
1984. However, the study was to determine to what extent, if any, service to regular education homebound/hospitalized students has changed in light of recent revisions in state law and the QBE regulations.

The study relied on the assumption that respondents were honest and accurate in their responses. Types of disabilities were excluded from the research because of the broad range of disabilities of homebound/hospital students.

**Statistical Tool**

Data on all variables were secured through the use of a questionnaire developed by the researcher. Items on the questionnaire (appended) were those which relate to the independent and dependent variables of this study, and to the research questions. The statistical procedures used were correlational analysis using Pearson r and the T test to compare means. The established level of significance was .05.
CHAPTER V

PRESENTATION OF THE DATA

The data presented addresses the hypotheses and research questions. To secure the data, a self-designed instrument, the Homebound/Hospital Survey, was mailed to 62 randomly selected subjects. The questionnaire return rate was 83.8%. Subjects' responses were tabulated and calculated statistically using an IBM VAX 8750 computer incorporating the Statistical Packet for the Social Sciences (SPSS) Program.

The population from which the sample of subjects was selected consisted of special education directors in the state of Georgia with responsibilities for the homebound/hospital delivery services. The selected background of the subjects participating in the study are presented in tabular form.

The Findings

The theoretical framework presented in Chapter III proposed five hypotheses and in Chapter I five research questions were proposed.

Hypothesis 1. There is no significant difference between delivery modes before the implementation of the Quality Basic Education Act and delivery modes after the implementation of the Quality Basic Education Act as measured by the Homebound/Hospital Survey.

Questions 6 and 8 of the Homebound/Hospital Survey addressed this hypothesis. Respondents were asked to circle or check the appropriate number to indicate the response.

40
Question 6. In your district, the following mode of services are provided: (1) homebound (2) teleclass (3) contract

Question 8. What were the delivery modes for homebound/hospital prior to 1985?
(1) homebound (2) teleclass (3) contact

The data in Table 1 indicate that there is a significant difference in the type of delivery mode used before and after the Quality Basic Education Act. More directors used homebound/hospital delivery services before QBE than after QBE. There was also an increase in the use of contract teaching and a decrease in the use of teleclass. The calculated value of 2.43 was greater than the table value of 2.02 for 50 degrees of freedom; therefore, there was a significant difference in the mode of teaching before and after QBE. There was a significantly greater tendency for the use of homebound/hospital services instead of teleclass and contract teaching. The null hypothesis was rejected.

Hypothesis 2. There is no significant relationship between the location of the school district and the delivery mode of services as measured by the Homebound/Hospital Survey.

Hypothesis 2 was tested through a computation of the responses to question 8 which made up the pool of scores of the delivery modes for homebound, teleclass and contract teaching correlated with data from question 4 which asked the location of school district:
(1) rural (2) urban (3) suburban
Table 1

**Difference Between Delivery Modes Prior to 1985 and the Implementation of School Reform and Delivery Modes After the Implementation of School Reform**

<table>
<thead>
<tr>
<th>T-Test</th>
<th># Cases</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Standard Error</th>
<th>Critical Value</th>
<th>Level of Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>After</td>
<td>52</td>
<td>1.6154</td>
<td>0.932</td>
<td>0.129</td>
<td>-2.43</td>
</tr>
<tr>
<td>1985</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Before</td>
<td>52</td>
<td>1.2308</td>
<td>0.675</td>
<td>0.094</td>
<td>.05</td>
</tr>
<tr>
<td>1985</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Homebound/Hospital Survey
Data in Table 2 revealed that there existed a relationship between school district location and trends in delivery modes of teaching homebound/hospital students but the relationship was not significant. Special education directors in rural, urban and suburban areas used homebound/hospital delivery modes of service more than contract or teleclass teaching and equals 52 degrees of freedom. The calculated value of .0302 for 50 degrees of freedom was less than the table value of .273; therefore, the relationship was not significant and the null hypothesis was accepted.

Hypothesis 3. There is no significant relationship between the location of the school district and the preparation of teachers as measured by the Homebound/Hospital Survey.

Questions 3 and 4 of the Homebound/Hospital Survey addressed this hypothesis.

Question 3. Highest certificate?
(1) teacher  (2) leadership regular education
(3) leadership special education  (4) doctorate

Question 4. Location of district?
(1) rural  (2) urban  (3) suburban

Data in Table 3 indicated that there were relationships which were not significant at the 0.05 level in location of school district and teacher preparation. The data showed no significant relationship between the variables. The calculated value of .085 was far below the table value of .273 at 50 degrees of freedom. The null hypothesis was accepted.
Table 2

Relationship Between Location of School District and Trends in Delivery Mode

<table>
<thead>
<tr>
<th></th>
<th># Cases</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Coefficient</th>
<th>Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery Modes</td>
<td>52</td>
<td>4.9231</td>
<td>1.51981</td>
<td>-.0302</td>
<td>.416</td>
</tr>
<tr>
<td>School District and Location</td>
<td>52</td>
<td>1.7308</td>
<td>.8882</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Homebound/Hospital Survey

Pearson Correlation Coefficient

(Level of Significance)

*Significant at the 0.05 Level
Table 3
Location of School District and Teacher Preparation

Pearson Correlation Coefficient
(Level of Significance)
*Significant at the 0.05 Level

<table>
<thead>
<tr>
<th></th>
<th># Cases</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Cal V.</th>
<th>Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher Preparation</td>
<td>52</td>
<td>2.7885</td>
<td>.8930</td>
<td>.0858</td>
<td>.273</td>
</tr>
<tr>
<td>School District and Location</td>
<td>52</td>
<td>1.7308</td>
<td>.8882</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Homebound/Hospital Survey
Hypothesis 4. There is no significant relationship between the location of the school district and the types of funding sources as measured by the Homebound/Hospital Survey.

Questions 15, 17, 19, and 20 addressed this question:

Question 15. When handicapped students are homebound, what is the funding source?
   (1) local     (2) state     (3) federal

Question 17. When non-handicapped students are homebound, what is the funding source?
   (1) local     (2) state     (3) federal

Question 19. Check the funding source(s) for homebound/hospital services in your district now.
   (1) local     (2) state     (3) federal

Question 20. Check the funding source(s) that best describe(s) delivery modes used in your district.

<table>
<thead>
<tr>
<th></th>
<th>local</th>
<th>state</th>
<th>federal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special education homebound students</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-handicapped homebound students</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The data in Table 4 revealed that there was no relationship between location and funding source. Money was acquired from the same sources no matter whether the location was rural, urban or suburban. The null hypothesis was accepted.
Table 4

Relationship Between Location of School District and Funding Source

<table>
<thead>
<tr>
<th>Location</th>
<th>Pearson Correlation Coefficient (Level of Significance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Sources</td>
<td>*Significant at the 0.05 Level</td>
</tr>
<tr>
<td>Probability</td>
<td>.2213</td>
</tr>
<tr>
<td></td>
<td>.057</td>
</tr>
</tbody>
</table>

Source: Homebound/Hospital Survey
Hypothesis 5. There is no significant difference between the gender of special education directors and level of certification of special education directors as measured by the Homebound/Hospital Survey.

Data for this hypothesis were gathered from questions 1 and 3.

Question 1. Please circle or check the appropriate number to indicate your response.

   Sex   (1) Female   (2) Male

Question 10. How many are certified special education teachers?

Question 11. Were teachers required to be certified in homebound/hospital prior to 1985? (1) Yes   (2) No

Data in Table 5 revealed that 35 or 67.3% of directors were female and 17 or 32.7% were male. The data revealed that there were more female directors in the state of Georgia than male directors. It also revealed that males have higher certification levels than their female counterparts. The table value was greater than the calculated value and the null hypothesis was accepted.

Funding Source Before and After 1985

The funding source for homebound/hospital delivery services before and after 1985 were local, state and federal sources. The data revealed that before 1985, 82.7% of the funding was provided by the local funds. The state provided 17.3% of the funding while the federal source was 0%. After 1985, local funds provided were 36.5% while the state provided 59.8% of the funds and the federal funds were 3.8%. The data revealed
Table 5

**Difference Between Male and Female Certification**

<table>
<thead>
<tr>
<th></th>
<th># Cases</th>
<th>Mean</th>
<th>Sta Dev</th>
<th>Cal Val</th>
<th>T Val</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>35</td>
<td>2.6571</td>
<td>0.802</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>17</td>
<td>3.0588</td>
<td>1.029</td>
<td>.169</td>
<td>2.02</td>
</tr>
</tbody>
</table>

Source: Homebound/Hospital Survey
that the state provides more than half of the funds for homebound/hospital delivery services. The funding sources for the homebound/hospital delivery services are presented in Table 6.

Delivery Modes Before and After 1985

The delivery modes for homebound/hospital delivery services in the state of Georgia are home instruction, teleclass, and contract teaching. The data revealed that before 1985, 88.5% of the homebound students were taught on the home instruction program, while 1.9% were taught on teleclass and 7.7% were taught by contract teachers. After 1985, 69.2% of the homebound/hospital students were taught on home instruction while 2.0% were taught on teleclass and 28.8% were taught by contract teachers. The data showed that there has been a decrease in the number of students being served on the homebound/hospital program and an increase in the number of students served by contract teaching and a slight increase in the number being taught on teleclass. The delivery modes before and after 1985 are presented in Table 7.

Length of Tenure

The length of tenure earned by directors with responsibility for homebound/hospital delivery services in the state of Georgia was 11.5% for those directors with less than five years of service. Directors with 5-9 years of service, the tenure was also 11.5%. Directors with 10-19 years of service, the length of tenure was 44.2%, with 32.7% length of tenure for directors with 20 years or more of service. A frequency distribution of the length of tenure earned by directors is presented in Table 8.
Table 6

Frequency Distribution of Funding Sources

<table>
<thead>
<tr>
<th></th>
<th>Before 1985</th>
<th>After 1985</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local</td>
<td>82.7%</td>
<td>36.5%</td>
</tr>
<tr>
<td>State</td>
<td>17.3%</td>
<td>59.6%</td>
</tr>
<tr>
<td>Federal</td>
<td>00.0%</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

Source: Homebound/Hospital Survey
Table 7

Frequency Distribution of Modes of Teaching Before and After 1985

<table>
<thead>
<tr>
<th>Delivery Modes</th>
<th>Before 1985</th>
<th>After 1985</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Instruction</td>
<td>88.5%</td>
<td>69.2%</td>
</tr>
<tr>
<td>Teleclass</td>
<td>1.9%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Contract Teaching</td>
<td>7.7%</td>
<td>28.8%</td>
</tr>
<tr>
<td>x</td>
<td>1.6</td>
<td>1.2</td>
</tr>
</tbody>
</table>

Source: Homebound/Hospital Survey
Table 8

A Frequency Distribution of the Length of Tenure Earned by Directors

<table>
<thead>
<tr>
<th>Tenure</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5 years</td>
<td>6</td>
<td>11.5</td>
</tr>
<tr>
<td>5 - 9 years</td>
<td>6</td>
<td>11.5</td>
</tr>
<tr>
<td>10 - 19 years</td>
<td>23</td>
<td>44.2</td>
</tr>
<tr>
<td>20 years or more</td>
<td>17</td>
<td>32.7</td>
</tr>
</tbody>
</table>

Source: Homebound/Hospital Survey
Highest Certification Earned

The highest certification earned by directors with responsibility for homebound/hospital delivery services in the state of Georgia is presented in Table 9. The data revealed that there were only 5.8% of the directors with teacher certification, while 34.6% have either leadership regular education or leadership special education certification. The data also revealed that 25.0% of the directors have doctorates. The certification of directors is presented in Table 9.

Location of Districts

The location of districts providing homebound/hospital delivery services include rural, urban and suburban districts. The data revealed that 55.8% rural districts provide homebound/hospital delivery services, 28.8% of the suburban districts provide homebound/hospital services, while 15.4% of urban districts provide homebound/hospital services. The location of the districts providing homebound/hospital services are presented in tabular form.

Persons Employed to Provide Service to Homebound/Hospital Students

The data revealed that the persons employed to provide homebound/hospital services are certified homebound/hospital teachers and contracted teachers. Of the teachers who provide homebound/hospital services, 30.8% are certified and 46.2% are contracted teachers, while 7.7% are both certified and contracted homebound/hospital teachers. Persons employed to provide services to homebound/hospital students are presented in Table 11.
Table 9

Frequency Distribution of Certification Earned by Directors

<table>
<thead>
<tr>
<th>Certification</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher</td>
<td>3</td>
<td>5.8</td>
</tr>
<tr>
<td>Leadership Regular Education</td>
<td>18</td>
<td>34.6</td>
</tr>
<tr>
<td>Leadership Special Education</td>
<td>18</td>
<td>34.6</td>
</tr>
<tr>
<td>Doctorate</td>
<td>13</td>
<td>25.0</td>
</tr>
</tbody>
</table>

Source: Homebound/Hospital Survey
Table 10

*Frequency Distribution of Location of Districts Providing Homebound/Hospital Delivery Services*

<table>
<thead>
<tr>
<th>District</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>29</td>
<td>55.8</td>
</tr>
<tr>
<td>Urban</td>
<td>8</td>
<td>15.4</td>
</tr>
<tr>
<td>Suburban</td>
<td>15</td>
<td>28.8</td>
</tr>
</tbody>
</table>

Source: Homebound/Hospital Survey
Table 11

Frequency Distribution of Persons Employed to Provide Services to Homebound/Hospital Students

<table>
<thead>
<tr>
<th>Persons Employed</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Homebound/Hospital</td>
<td>16</td>
<td>30.8</td>
</tr>
<tr>
<td>Contracted</td>
<td>24</td>
<td>46.2</td>
</tr>
<tr>
<td>Both</td>
<td>4</td>
<td>7.7</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>15.4</td>
</tr>
</tbody>
</table>

Source: Homebound/Hospital Survey
Directors by Sex

The population from which the sample of subjects was selected consisted of special education directors in the state of Georgia with responsibility for the homebound/hospital delivery service. The data revealed that of the 52 directors who responded to the questionnaire, 35 or 67.3% were female and 17 or 32.7% were male directors. The data showed that there are more than twice the number of female directors than male directors serving this population of students in the state of Georgia. The sex of subjects participating in this study is presented in tabular form.

Summary

The information presented in this chapter addressed the hypotheses and research questions. A survey was mailed to 62 randomly selected subjects with a return rate of 83.8%. The population from which the sample of subjects was selected consisted of special education directors in the state of Georgia with responsibilities for the homebound/hospital delivery services.

The information collected from hypothesis one proved that there was a significant difference in the type of delivery mode used before and after the Quality Basic Education Act. There was an increase in the use of homebound/hospital services and directors in all three locations, i.e., urban, rural, and suburban, use homebound/hospital teaching over contract and teleclass teaching.
Table 12

Frequency Distribution of Directors by Sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>35</td>
<td>67.3</td>
</tr>
<tr>
<td>Male</td>
<td>17</td>
<td>32.7</td>
</tr>
</tbody>
</table>

Source: Homebound/Hospital Survey
Hypothesis two revealed that there existed a relationship between school district location and trends in delivery modes of teaching homebound/hospital students but the relationship was not significant. Special education directors in rural, urban and suburban areas used homebound/hospital delivery modes of service more than contract or teleclass teaching.

Hypothesis three revealed that teachers in all locations were certified in the area of homebound/hospital instruction with either a leadership special education certification or leadership regular education certification.

Hypothesis four revealed that all school districts in the state of Georgia secured funds from state, local and federal funding sources.

Hypothesis five revealed that there are more female directors than male directors responsible for the services of homebound/hospital students in the state of Georgia; yet more male directors have higher educational level than their female counterparts.

The data revealed that before 1985, 82% of the funding was provided by the local funds. The state provided 17.3% of the funding while the federal source was 0%. The state provides more than half of the funds for homebound/hospital delivery services.

Since 1985 there has been a decrease in the number of students being served on the homebound/hospital program; an increase in the number of students served by contract teaching and a slight increase in the number being taught on teleclass. The greatest length of tenure
for directors in the state of Georgia is 44.2% with 10-19 years of service. The highest certification earned by directors with responsibility for homebound/hospital delivery service is 34.6% and the directors have leadership regular education or leadership special education certification.

The location of districts providing homebound/hospital delivery services include rural, urban and suburban districts. Rural districts provide services for more homebound/hospital students than suburban or urban. Rural districts provide homebound/hospital services for 55.8% of the students, while 28.8% was provided by suburban districts and 15.4% provided by urban districts.

Persons employed to provide homebound/hospital services are certified homebound/hospital teachers and contracted teachers. Thirty and eight-tenths percent are certified and 46.2% are contracted teachers, while 7.7% are both certified and contracted homebound/hospital teachers. The population from which the sample of subjects was selected were special education directors. Of the 52 who responded to the questionnaire, 35 or 67.3% were female and 17 or 32.7% were male directors.

The homebound/hospital delivery mode is used more than contract and teleclass teaching. There has been an increase in the use of homebound/hospital services since the implementation of Quality Basic Education. Directors in all three locations use homebound/hospital teaching over contract and teleclass teaching. Teachers were found to be certified in the area of homebound/hospital instruction with either a leadership special education certification or leadership regular education
certification. All school districts secure funds from state, local and federal funding sources. In the state of Georgia there are more female directors than male directors but more male directors have higher educational level than their female counterparts.
This study examined data from special education directors in the state of Georgia to determine to what extent, if any, services to homebound/hospital students have changed in light of recent revisions in state law and the Quality Basic Education regulations. Additionally, the study examined three modes of delivery services used currently for serving this population, i.e., homebound, teleclass and contract teaching. School reform was examined in relationship to selected demographics. The demographic factors selected because of the expected influence of each on modes of teaching homebound students included: sex, length of tenure, highest certification, and location of district.

The subjects participating in this study were 63 directors in the state of Georgia with responsibility for this population of students. An instrument was designed to secure data on all variables. The survey listed tasks to be checked or circled for the desired response. Data were statistically tabulated and calculated using the IBM VAX 8750 Mainframe Computer. Statistical procedures used were T-test and correlational analysis using Pearson r.

Summary of Findings

The T-test revealed that homebound/hospital delivery service is used more than contract and teleclass teaching. According to the
survey, 88.5% of directors used homebound/hospital delivery services before 1985 and 69.2% of directors used homebound/hospital delivery services after 1985. The data also revealed that 7.7% of directors used contract teaching before 1985 and 30.8% used contract teaching after 1985. The data also revealed that there has been a decline in the use of teleclass teaching.

A correlation analysis of data revealed that directors in all locations, i.e., rural, urban, and surburban used homebound/hospital delivery services for homebound students. The location has no effect on the mode of teaching.

Data revealed that teachers in all three locations, i.e., rural, urban, and suburban have either leadership special education certification or leadership regular education certification. It suggests that teachers are better prepared to teach this population of students.

Data revealed that funding sources are the same in all locations—rural, urban, and suburban. All locations receive fundings from taxes, state revenue as well as local, state and federal funds.

The T-test revealed that of the 52 subjects in the state of Georgia, 63.3% are female directors and 32.7% are male directors. It was also revealed that more males have higher certification or doctorates than their female counterparts.

Conclusions

In this study, it was hypothesized that no significant relationship would be found between delivery modes prior to 1985 and the implementation
of school reform and delivery modes after the implementation of school reform; and that no significant relationship would be found between the location of the school district and trends in delivery modes. The established level of significance was 0.05. The findings of the study revealed a number of relationships and differences at the 0.05 level.

In attempting to explain the differences reported, the study was unable to report related research to support or refute all findings. This may be due to the fact that little research has been done on the homebound/hospital delivery services. However, to the extent possible, findings of studies reviewed for and reported in this research (see Chapter II) were applied.

The findings revealed that homebound/hospital teaching is on the increase since 1985. This significant finding in hypothesis one proved that there is a difference in delivery modes before the implementation of the Quality Basic Education Act (QBE) and delivery modes after the implementation of QBE. Homebound/Hospital instruction has generated sufficient progress in instruction causing more directors in the state of Georgia to use this delivery mode. This delivery mode of teaching is less expensive than teleclass and does not present the problems presented in the written contract. This may also be attributed to the fact that homebound/hospital teachers are becoming better prepared to teach. Also, the item analysis of respondents' mean scores revealed little difference between homebound/hospital delivery services prior to the implementation of school reform and homebound/hospital services
after the implementation of school reform. Beam (1985) reported that homebound/hospital teaching did have an effect on student achievement in that instruction was well prepared, comprehensive and was related directly to the classroom teacher's lesson plans. He also found that integrating goals, utilizing time, promoting, participating and generating commitment were areas in which homebound teaching was determined strong areas.

The location of the school district and trends in delivery modes indicates that whether the location was rural, urban, or suburban that homebound teaching was still the number one method of teaching homebound students. It can also be concluded that all school districts rely on the same funding sources (taxes, revenue, local, state and federal funds). Since more females than males are in the public school systems, more females would be inclined to become directors and would seek higher degrees.

Implications

The finding regarding the delivery modes before the implementation of the Quality Basic Education Act (QBE) and after the implementation of QBE implies that there is a greater tendency for the use of homebound/hospital services instead of contract and teleclass teaching. More effort should be made to strengthen the selection of teachers for homebound/hospital instruction with certification in areas of mathematics, science, and foreign languages.
Based on the findings of this study, the following implications are warranted:

1. The finding regarding the types of delivery modes, i.e., homebound, teleclass and contract teaching, used before the implementation of the Quality Basic Education Act and after the implementation of the Quality Basic Education Act implies that the trend is toward contract teaching. Increased efforts must be made to improve the written contract. There must be an improvement in the guidelines and in-service training in light of research which reports that these are the major areas of concern needed for contract teaching.

2. The finding regarding the location of the school district and the preparation of teachers implies that teacher preparation is necessary in any location. This implication is based on the research which reports that school personnel probably have some knowledge of modern teaching techniques as a result of more recent training. Also, further research is warranted to determine more specifically the relationship between teacher preparation and the location of the school district.

3. The finding regarding the funding source and the location of the school district implies that for all school locations (local, state, and federal) funds are allocated for education which include teachers, administrators, students, other personnel, staff, buildings, books, transportation, maintenance, salaries, etc. Such fundings should include teacher identified incentives, tangible and intangible rewards. This is significant for teachers serving homebound students since they are
less likely than the classroom teachers to experience moral and emotional support on an ongoing basis. More funds should be allocated to teachers with more years of experience than those with less experience. In light of research which reports high levels of stress and burnout among teachers, increased funds in this area are needed.

4. The finding that more male directors than female directors have higher levels of certification implies that more grants and financial aid should be made available to female directors. The implication is that males seem to find more time for educational advancement than their female counterparts. Current issues and trends regarding instructional and classroom management should be increased. Such directors, having received training in and certification for advancement would need to keep abreast of the legal and professional implications of education.

5. The finding regarding directors with tenure of five years or less and those with 20 years or more implies that for the more tenured directors more training on current research, trends, and issues regarding instructional and classroom management should be increased. Such directors, having received training in and certification for their field less recently would need study in this area to keep abreast of the legal of the legal and professional implications of education. This would not preclude the less tenured directors' need in this area to keep abreast of current trends.
Recommendations

Directors in the state of Georgia should evaluate certification in areas of concentration of teachers of homebound/hospital instruction to assure that there are teachers certified in mathematics, science, and foreign languages so that students would be taught to the maximum since more directors use this method of teaching.

Based on the findings and conclusions, the following recommendations are warranted:

1. Directors should conduct an assessment of teleclass teaching to identify reasons why the technology of teaching by teleclass is not utilized to the fullest. Training sessions, inservice training, and consultants would be based on the identified needs of this delivery service. These activities would be conducted in accordance with research findings concerning effective inservice training; that is, provide practical information and hands-on experience. Varied methods of presentations, provide feedback and follow-up activities should be practiced.

2. School districts receive less than 4% of the funds from federal fundings. School districts should make an extended effort to review the guidelines of the federal policies and review these fundings with parents and teachers to determine if all qualified students eligible to receive federal funds are getting them.

3. Male directors with the responsibilities for homebound/hospital students have higher degrees than their female counterparts. School districts should encourage female directors to secure higher educational degrees.
APPENDIX A

Alyce M. Ware
2720 Laurens Circle, SW
Atlanta, Georgia 30311
(404) 344-6118

August 3, 1989

Dear Director:

As part of my studies at Clark Atlanta University, I am conducting a survey of directors of homebound/hospital delivery services in the state of Georgia. Your name was one selected at random to participate in this undertaking.

The purpose of this survey is to collect data from special education directors in the state of Georgia to determine to what extent, if any, services to regular education homebound/hospitalized students have changed in light of recent revisions in state law and the QBE regulations. You are requested to respond honestly to each item on the enclosed questionnaire. No more than ten minutes of your time should be required.

Please return your completed questionnaire to me at the above address. A self-addressed, stamped envelope is enclosed for your convenience.

In order for your response to be included in the final report, I must receive it by August 21, 1989. Please be reminded that your reply is critical to this study. Thank you sincerely for your time and cooperation.

Very truly yours,

Alyce M. Ware

Enclosure
APPENDIX B

HOMEBOUND/HOSPITAL SURVEY

This questionnaire contains statements related to the delivery of services to homebound/hospitalized students. There are no correct or incorrect responses. Your opinions about each statement will assist us in identifying factors which impact the services of homebound/hospital. Please answer all inquiries. Your responses will remain confidential. No individual will be named in the reporting of this survey.

Please circle or check the appropriate number to indicate your response.

1. Sex
   (1) Female - 67.3%       (2) Male - 32.7%

2. Length of tenure?
   (1) Less than 5 years - 11.5% (2) 5-9 years - 11.5%
   (3) 10-19 years - 44.2%      (4) 20 years or more - 32.7%

3. Highest certificate?
   (1) Teacher - 5.8%
   (2) Leadership Regular Education - 34.6%
   (3) Leadership Special Education - 34.6%
   (4) Doctorate - 5.0%

4. Location of district?
   (1) rural - 55.8%
   (2) urban - 15.4%
   (3) suburban - 28.8%

5. In your district, homebound/hospital delivery services are provided through:
   (1) special education - 23.1%
   (2) regular education - 25.0%
   (3) both - 51.9%
6. In your district, the following mode of services is provided for homebound/hospital students:
   (1) homebound - 69.2%
   (2) teleclass - 2.0%
   (3) contract - 28.8%

7. In your district, persons employed to provide homebound/hospital services are:
   (1) certified homebound/hospital instructors - 30.8%
   (2) contracted personnel - 46.2%
   (3) both - 7.7%
   (4) other (please specify) - 15.4%

8. What were the delivery modes for homebound/hospital before 1985?
   (1) homebound - 88.5%
   (2) teleclass - 1.9%
   (3) contract - 7.7%

9. How many full-time homebound/hospital teachers do you employ? 53.8

10. How many are certified special education teachers? 38.5%

11. Were teachers required to be certified in homebound/hospital prior to 1985?
    (1) Yes - 46.2  (2) No - 15.4%

12. How many teachers have specialized training in homebound/hospital teaching? 76.9
13. Do you require homebound/hospital teachers in the secondary program to be certified in the subjects they teach?
   (1) Yes - 50.0%  (2) No - 50.0%

14. Does the fact that a homebound/hospital student is identified as handicapped require that the homebound/hospital teacher be certified in the area of the student's handicap?
   (1) Yes - 76.9%  (2) No - 23.1%

15. When handicapped students are homebound, what is the funding source?
   (1) Local - 36.5%
   (2) State - 59.6%
   (3) Federal - 3.8%

16. What was the source of funding before 1985?
   (1) Local - 82.7%
   (2) State - 17.3%
   (3) Federal - 00.0%

17. When non-handicapped students are homebound, what is the funding source?
   (1) Local - 42.3%
   (2) State - 53.8%
   (3) Federal - 3.8%

18. What was the source of funding before 1985?
   (1) Local - 82.7%
   (2) State - 17.3%
   (3) Federal - 00.0%
19. Check the funding source(s) for homebound/hospital services in your district now.

(1) Local - 59.6%
(2) State - 32.7%
(3) Federal - 7.7%

20. Check the funding source(s) that best describe(s) delivery modes used in your district.

<table>
<thead>
<tr>
<th></th>
<th>Local</th>
<th>State</th>
<th>Federal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special education homebound students</td>
<td>59.6%</td>
<td>32.7%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Non-handicapped homebound students</td>
<td>42.3%</td>
<td>53.8%</td>
<td>3.8%</td>
</tr>
</tbody>
</table>
APPENDIX C

2720 Laurens Circle, S.W.
Atlanta, Georgia 30311
August 18, 1989

Dear Director:

Recently you were sent and were requested to complete a questionnaire regarding modes of delivery services for homebound/hospital students. To date, I have not received some responses to the questionnaire. If your questionnaire has been returned, please disregard this letter.

To insure the inclusion of the opinions of a representative number of persons with responsibilities for homebound/hospital students, I am extending the date for the return of the questionnaires until August 31, 1989. Information secured from this study will be used to assess to what extent, if any, services to regular education homebound/hospitalized students have changed in light of recent revisions in state law and the QBE regulations. Therefore, your response is crucial.

Again, I express appreciation for your time and cooperation.

Sincerely,

Alyce Martin Ware

AMW:em

Enclosure
REFERENCES


Georgia Department of Education. Office of Vocational Education. (1988). *Special education regulations and procedures.* Atlanta.


Office of Special Education and Rehabilitation Services, Department of Education (OSERS) (1985). Washington, D.C.


