REQUEST FOR HOMEBOUND INSTRUCTION

Homebound instruction is designed to help students remain current in their classes while out of school for medical reasons. Homebound instruction is not designed to substitute for classroom instruction for extended periods of time. A doctor’s statement explaining medical condition and expected dates of school absences is required.

SCHOOL: ___________________________ DATE: ___________________________

STUDENT: ___________________________ DOB: _________ GRADE: ___________

The medical information below must be completed by the student’s physician:

DIAGNOSIS: ___________________________

ETIOLOGY: ___________________________

PROGNOSIS: ___________________________

DATES UNABLE TO ATTEND SCHOOL: _____________ TO _____________

The Individualized Education Program (IEP) Committee will be meeting to determine the most appropriate educational environment for this student.

1. If you feel this student would not benefit from a school-based program please explain.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

2. Is this student’s health condition characterized by periods of acute exacerbation or potentially life-threatening episodes? Please explain.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Physician’s Signature ___________________________ Date ________________________

Address ___________________________ Phone ___________________________

City ___________________________ State ______ Zip ___________________________

(07/1998)