

APPLICATION FOR HOMEBOUND INSTRUCTION

ELIGIBILITY OF STUDENTS FOR HOMEBOUND INSTRUCTION

Students who are unable to attend the public school program because of physical disabilities, disease, emotional disorders, congenital deformities, or pregnancy may be eligible for homebound instruction. Homebound instruction services are available for short-term duration. Homebound instruction is not to be used in lieu of school programs.

MEDICAL CONDITION- A student unable to attend school due to a physical incapacity, disease, congenital deformity, or pregnancy, must have this form completed by a licensed physician.

A pregnant student is eligible for homebound instruction for up to 6 weeks post partum. A pregnant student unable to attend school due to medical complications may be eligible for an additional period of homebound instruction.

Specific detailed information as to the type of illness, injury, surgery, or disability and the expected date of return to school must be provided.

EMOTIONAL DISORDER- A student unable to attend school due to an emotional disorder must have this form completed by a psychiatrist or licensed clinical psychologist working with the child in a clinical setting.

Homebound instruction is intended to be a temporary procedure. Requests for homebound instruction extending beyond nine weeks should be substantiated by a statement treatment plan from the attending physician or licensed clinical psychologist. If a student already on homebound needs to have their homebound extended, and that extension puts that student being out of school for a total of nine weeks or longer, a statement treatment plan must be sent with extension of homebound form.

Certification for Need for Homebound Instruction

Part A *Student Information*

Homebound instruction has been requested for _____

Student's DOB ____/____/____ Age ____ Sex ____ Student I.D.# _____

Student's Home School _____ Grade/Placement _____ Phone # _____

Parent's/Guardian's Name _____

Address _____

Part B *To be Completed By Physician or Licensed Clinical Psychologist*

Professional advice is necessary in determining whether or not the above-named student is able to attend school. Please provide the specific information regarding the following:

- Type of Illness /Injury _____
- Date of Eligibility for Homebound Instruction _____
- Expected Date of Return to School _____
- What limitations should be considered by school personnel in providing homebound services? _____

Dates
Phone # _____

Signature of Licensed Physician or Licensed Clinical Psychologist
Address _____

Part C *Acknowledgement By Parent*

I, _____ parent, acknowledge this request and agree with the need for homebound services. I will provide an environment conducive to learning, a responsible adult in the home, keep appointments, keep up with assignments, and advise school personnel of changes in my child's status.

The school system and the physician may share information.

Date

Parent Signature

Part D *Administrative Approval*

I hereby approve homebound instruction for this student, and further, certify that the teacher to be employed will hold a certificate in full force issued in accordance with the rules and regulations of the State Board of Education.

Date

Division Superintendent or his Designated Representative

This report should be returned to the Division Superintendent of Schools for the County, City or Town where the student is enrolled.

NOTE: If the student is receiving special education, homebound instruction must be stipulated in the IEP.