

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 _____