

PHYSICIAN RECOMMENDATION FOR HOMEBOUND SERVICES- MENTAL HEALTH

Maryville City Schools

833 Lawrence Avenue Maryville TN 37803 Phone: 865- 982-7121 Fax: 865-977-0725

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Note: Homebound does not duplicate the classroom experience. Direct instruction is minimal and normal progression in school cannot be guaranteed due to the highly restrictive nature of the homebound placement. A plan to reintegrate the student into the traditional classroom setting should be in place.**

**ELIGIBILITY:** The licensed psychiatrist must certify that the above-named student meets all of the following criteria for eligibility. A psychologist/counselor may not refer students for homebound; however, they may work with the referring psychiatrist to provide information regarding treatment plans. **All questions must be answered in order to certify eligibility.**

**MEDICAL STATEMENT FOR STUDENTS REFERRED WITH A MENTAL HEALTH DIAGNOSIS:**

- | YES | NO  | INITIAL |  |
|-----|-----|---------|--|
| ___ | ___ | ___     | 1. Is the student expected to be absent from school for at least 10 school days due to a physical condition?   |
| ___ | ___ | ___     | 2. Will the student be able to participate in and benefit from an instructional program?   |
| ___ | ___ | ___     | 3. Is the student under your care for an mental health condition which is catastrophic or chronic?   |
| ___ | ___ | ___     | 4. Can the student receive instructional services without endangering the health and safety of the instructor or other students with whom the student may come in contact? |

This student was last seen in my office on \_\_\_\_\_. Diagnosis \_\_\_\_\_

What medication(s) is the student presently taking? \_\_\_\_\_

What methods of intervention/treatment are being used? \_\_\_\_\_

What behaviors or side effects of the condition have you noted that would prevent the student from participating in the regular school program? \_\_\_\_\_

**Students entering the Homebound Instructional Program will be placed in the most restrictive educational and social environment where the student will not have physical contact with their peers during the school day.**

- | YES | NO  | INITIAL |  |
|-----|-----|---------|--|
| ___ | ___ | ___     | Do you recommend the student be placed in this most restrictive placement? |

**EXPECTED DATE OF RETURN:** An anticipated date of return must be determined by the mental health provider who is treating the student for the condition which prevents school attendance. If an undetermined date is indicated, the form will be returned to the provider for an expected date of return. If, during treatment, the provider feels the need to extend the projected ending date, a new form may be submitted which reflects the revised date of return. If the student can return to school prior to the expected ending date, written documentation from the provider must be provided to the homebound coordinator. All written documentation should be faxed to the homebound coordinator at 865-977-5055.

**PROJECTED SCHOOL RETURN DATE (MANDATORY) \_\_\_\_\_ (mm/dd/yy)**  
Full Day \_\_\_\_\_ Partial Day (more than 3.5 hours) \_\_\_\_\_ Partial Day (less than 3.5 hours) \_\_\_\_\_

Printed Name of Mental Health Provider \_\_\_\_\_

Signature of Mental Health Provider \_\_\_\_\_ Date \_\_\_\_\_