

PHYSICIAN RECOMMENDATION FOR HOMEBOUND SERVICES- MEDICAL

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 physician must certify that the above-named student meets **all** of the following criteria for eligibility. Students who do not meet all of the minimum eligibility criteria listed below will not be eligible for the Homebound Instructional Program. **All questions must be answered in order to certify eligibility.**

- | 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 illness/injury/condition which is acute, catastrophic, or chronic in nature? |
| ___ | ___ | ___ | 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? |

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 | |
|-----|-----|---------|---|
| ___ | ___ | ___ | 5. 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 physician 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 physician for an expected date of return. Returned forms will delay the consideration of a student’s possible placement into the Homebound Instructional Program. If, during treatment, the physician 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 physician 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) _____

Current Medical Condition/Diagnosis _____

Treatment Plan (Medication, Surgery, Therapy, etc) _____

Printed Name of Physician _____

Signature of Physician _____

Date _____