



Orange County Public Schools
Empowering Students
 Achieving Dreams

HOMEBOUND INSTRUCTION
Medical Certification of Need

Homebound instruction shall be made available to students who are **confined** at home or in a health care facility for periods that would prevent normal school attendance (8VAC20-131-180). The term “**confined at home or in a health care facility**” means the student is unable to participate in the normal day-to-day periods of relatively short duration, or to receive health care treatment. Students receiving homebound instruction may not work or participate in extra-curricular activities, non-academic activities (such as field trips), or community activities unless these activities are specifically outlined in the students medical plan of care or the Individualized Education Program (if applicable).

To be completed by the licensed physician or licensed clinical psychologist* providing care to the student for the condition for which services are requested.

1. Name of Student: _____
2. Name of School: _____ Grade: _____
3. Nature and extent of illness:

4. Date of examination or diagnosis of this illness: _____

5. Is the student confined at home or in a health care facility? YES NO

6. Is the illness/treatment intermittent in nature (e.g., sickle cell anemia, chemotherapy for childhood cancer)? YES NO

7. Could this child attend school if accommodations are made by the school? YES NO

If yes, please list the accommodations required, If no, please explain.

Estimated date of return to school: _____

8. Explain ongoing treatment and/or therapy being provided:

9. Frequency of treatment: _____

Signature of Licensed Physician/Clinical Psychologist

Date

Print Physician/Psychologist Name

Telephone Number

Office Address

City, State and Zip Code

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