

REQUEST FOR HOMEBOUND INSTRUCTION

Please print all information. Complete the Parent Report and have your physician complete the Medical Report. Return the completed form to the principal or school nurse.

School Information:

Name of Pupil _____ Student Number _____

Birth Date _____ Homeroom/Sp. Ed. Teacher _____ Grade _____

____ Regular Ed ____ Special Ed ____ Alternative Ed School Building _____

Date of last attendance _____ Date of request _____

Person Reporting Case _____

Reason: ____ Medical ____ Interim

Parent Report:

Mother/Stepmother/Guardian _____

Address _____

Father/Stepfather/Guardian _____

Address _____

Please provide the homebound instructor with a contact person name and phone number to set up instruction time and directions to the home:

Contact person _____ Phone number _____

**Please be advised that an adult must be present in the home the entire time homebound instruction takes place.

Authorization for the Release of Information

I authorize the release of requested medical information to the Lehigh Area School District personnel involved in the evaluation, approval and administration of instruction.

Signature Relationship to child Date

Medical Report (to be completed by physician):

Type/Print Physician's Name _____

Address _____

Phone Number _____ Fax Number _____

I hereby certify that _____ residing at _____

Name of Student

Address

was seen/evaluated in my office on _____.

Date

Diagnosis/ Reason for Homebound recommendation _____

Date of Onset for illness/injury _____

Probable Duration (**No more than 90 days without a formal re-evaluation**)

In my opinion the above named pupil is able to receive home instruction for _____ hours per week.
(Minimum hours/week = 3; Maximum hours/weeks = 5)

Physician authorization valid for ninety (90) days before review. The School District reserves the right to review the case sooner should circumstances change. Further extension beyond 90 days requires approval of the Department of Education.

**Physicians please note that according to law, becoming pregnant or being a parent does not, in itself, necessitate that a student receives homebound instruction. There must be illness or an urgent reason.

Physician's Signature

Date

Principal's Report:

Instruction hours/week _____ Name to Teacher(s) _____

Secondary school, indicate subjects to be taught _____

Signature of Principal _____ Date _____

School Board Approval:

The Leighton Area School Board of Carbon County, PA. has approved Homebound Instruction for the above pupil.

Date of Board Action _____ By _____

Board Secretary

Original: School Nurse

Copies: Principal Secretary

Guidance Counselor

Child Accounting

Student Cumulative Folder

LEHIGHTON AREA SCHOOL DISTRICT
1000 Union Street
Lehigh, PA. 18235

RE-APPLICATION FOR HOMEBOUND INSTRUCTION

Student Name _____ Birth Date _____

Address _____ Phone _____

School _____ Grade _____ Homeroom _____

Last attendance date at school _____

Dear Dr. _____,

Lehigh Area School District has on file your recommendation for homebound instruction for the above named student. The recommendation is summarized as follows:

Diagnosis:

Incitation Date:

Anticipated Duration:

Termination Date:

Other Recommendations:

State law requires us to review every homebound instruction case at proper intervals. In order to update program records, please complete the following information.

Describe the medical condition and diagnosis necessitating an extension of homebound instruction:

In your opinion, homebound instruction should continue? _____ Yes _____ No

If yes, please indicate anticipated duration and termination date _____

Are there any recommendations regarding activity, study, and mobility levels during continuation of homebound instruction?

Physician's Signature

Date