



SCHOOL RECOMMENDATION for HOMEBOUND SERVICES

Student's Name: _____ Age: _____ Sex: _____
 School: _____ Grade: _____
 Parent/Guardian Name: _____
 Phone: Home: _____ Cell: _____ Work: _____
 E-mail Address: _____
 Date Parent Request/Referral Received: _____

PART I

The school team has reviewed the attached Form A (parent request) and Form B (medical certification of need) for Homebound Services and recommends that:

- 1. The student should receive homebound services as request.
- 2. The student should receive homebound services. A 504 plan should be considered prior to the student's return to school.
- 3. After consultation with the referring healthcare provider, _____, Homebound services are not appropriate in this case. Physician, Psychiatrist, or Clinical Psychologist

PART II

COURSES/CLASSES for which student needs Homebound Instruction

COURSE	TEACHER	CURRENT NUMERICAL GRADE

<p align="center">School Recommendation for Homebound Teacher:</p> <p>Name: _____</p> <p>Contact Information: _____</p> <p>_____</p> <p>Is the teacher in agreement to the assignment? ____ Yes ____ No</p> <p>Date Submitted to Student Services Office: _____</p> <p>Name of Preparer: _____</p>	<p align="center">Attached Copies:</p> <p><input type="checkbox"/> Parent Request (<i>Form A</i>)</p> <p><input type="checkbox"/> Medical Certification of Need (<i>Form B</i>)</p> <p><input type="checkbox"/> IEP-at-a-Glance</p> <p><input type="checkbox"/> 504 Plan</p>
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