



Elk River Area School District
MEDICAL VERIFICATION OF NEED FOR HOMEBOUND

Student's Name _____ School _____ Grade _____

Address _____ Phone _____ D.O.B. _____

To the Medical Professional: I give consent for you to share medical information regarding the child named above with representatives from the Elk River Area School District for the purpose of educational programming.

Physician's/Nurse Practitioner's Name: _____ Phone Number: _____

Parent Signature: _____ Phone Number: _____

Homebound eligibility requires an expected absence of 15 or more consecutive school days.

Student's physician/nurse practitioner must complete this section:

1. Due to illness/injury, the above student is unable to attend his/her regular school setting for a period of at least three weeks. _____ YES _____ NO

2. Diagnosis _____

3. Treatment Plan _____

4. Date to Begin _____ Expected Date of Return to School _____

5. General Comments: (Add additional information on backside or attach another sheet)

Physician's/Nurse Practitioner's Signature: _____ Date: _____

PLEASE RETURN FORM TO:

Name of Person _____ School _____

Address _____

Elk River Area School District
MEDICAL VERIFICATION OF NEED FOR HOMEBOUND

Student's Name _____ School _____ Grade _____

Address _____ Phone _____ D.O.B. _____

Reason for Homebound:	<input type="checkbox"/> 1. Medical – Medical verification student is unable to attend classes at the regular school site must be attached or provided to the district Special Services office as soon as possible. Verification may be obtained using the PHYSICIAN VERIFICATION OF THE NEED FOR HOMEBOUND form or any form containing the same information and signed by the appropriate medical professional.
	<input type="checkbox"/> 2. Disciplinary – Administrative disciplinary action requiring student NOT to attend classes at the regular school site.
	<input type="checkbox"/> 3. IEP placement – IEP team determines that DUE TO DISABILITY the student is unable to attend classes at the regular school site. (Note: A student with an IEP may be unable to attend classes at the regular school site for reasons 1 or 2 above but homebound services are not funded through special education.)
	<input type="checkbox"/> 4. Medical with an IEP component – This is a rare and unique situation where a student with an IEP is homebound for medical reasons, unrelated to the disability, but the IEP team determines that some special education services are required in addition to, or as part of the medical homebound services, in order to ensure the student is not discriminated against during the period at home.

Homebound instruction anticipated start date:		Homebound instruction anticipated end date:	
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CURRICULUM
_____ Curriculum/materials will be provided by current teacher(s)
_____ Homebound teacher(s) should select appropriate curriculum
COMMENTS: _____

PRINCIPAL/ASSISTANT PRINCIPAL AUTHORIZATION
Homebound instructor(s) name(s): _____
Authorizing Signature: _____ Date: _____