ST. CLAIR COUNTY SCHOOLS
EVERY STUDENT PREPARED

HOMEBOUND MEDICAL REQUEST FORM
(To be completed by physician)

STUDENT: _____DOB:_____SCHOOL:_____GRADE_____

PARENT: _____ADDRESS: _____

HOME PHONE: _____ALTERNATE PHONE: _____

MEDICAL EVALUATION

TO THE DOCTOR: This student/parent has requested homebound services. Medical information is needed in order to provide this service. Medical form must be mailed. Faxed forms will not be accepted.

Diagnosis/Etiology: _____

Treatment/Medication: _____

DATE: Treatment began for this diagnosis: _____ Anticipated ending treatment: _____

Is child receiving psychological counseling: _____ How Often_____

PLEASE PRINT: Physician's Name:

_____

Address: _____Phone: _____

Signature of Physician: _____Date: _____

(This form must be signed by a licensed physician—Do not use a stamp)

EDUCATIONAL RECOMMENDATION

Please check one of the following, which will give this student the BEST educational advantage.

☐ This child is physically able to attend classes in a regular school with limitations as follows: _____

_____

☐ This child needs home instruction. (If more than 6 weeks is necessary, please attach medical explanation and any appropriate documentation.)

Specify the number of weeks needed for homebound Instruction: 1 2 3 4 5 6

Please return the completed form to (must be mailed):
St. Clair County Board of Education Homebound Services
410 Roy Drive
Ashville, Alabama 35953
If you have additional questions, please call 205-594-7131