

**HART COUNTY SCHOOL SYSTEM
HOSPITAL/HOMEBOUND INSTRUCTION
MEDICAL CERTIFICATION**

Please answer the following questions keeping in mind that the least restrictive environment for education is preferred (the regular classroom is considered the least restrictive environment)

I have examined, diagnosed and am currently treating _____ for the following:

1. DX: _____ which is anticipated to result in a **minimum of ten (10) consecutive (5 days at high school) absences from school. (Psychiatric Diagnosis must be from current DSM)**

OR

DX: _____ which would cause **intermittent** absences of at least a minimum of **ten (10) school days per year with at least 3 consecutive days per occurrence** (student should attend school when not effected by Dx)

2. Describe how the above diagnosis impacts the student's ability to learn in the classroom:

3. Could the student attend school with accommodations? If yes, list recommendations: Yes No

4. Is the student confined to their home or hospital and full time HHB instruction is recommended? Yes No

5. Will the student be able to benefit from an instructional program during this time of confinement? Yes No

6. Is the student free from communicable disease such as flu or contagious airborne diseases? Yes No

7. Can instruction be provided to the student without endangering the health of the instructor or other students to whom the instructor may contact? Yes No

8. Duration of HHB Instruction: Starting Date _____ Ending Date _____

Treatment and School Reentry Plan

1. What is the treatment/therapy schedule for this student: _____ Daily _____ Weekly _____ Monthly

2. What is the expected duration of the treatment/therapy? _____

3. Date of next scheduled appointment _____

4. Can this student come into contact with other students? Yes No

5. Will the student have prescribed medication? Yes No

6. Could the student return to school on an intermittent basis after his or her medication and condition is stabilized? Yes No

7. Please complete the following information for each medication the student will take that could effect learning:

Name of Medication	Effects on student's ability to learn or to comprehend	Effects on student's ability to complete independent assignments	Effects on student's ability to relate to teachers and other students

The HHB services program is designed to be a temporary educational program to help children who are unable to attend school for medical or psychiatric reasons. Please describe your transitional plan for the student's **re-entry to school**:

Physician Signature _____ Print Physician Name _____ Date _____

Area of Specialty _____ Address _____

Telephone _____ Fax _____ Contact Person in Office _____