



St. Clair County Board of Education

410 Roy Drive
Ashville, AL 35953

JENNY SEALS
Superintendent

HOMEBOUND MEDICAL REQUEST FORM (to be completed by physician)

205-594-7131 Phone
205-594-4441 Fax

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.

Diagnosis/Etiology: _____

Treatment/Medication: _____

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

Is this 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.

____ 1. This child is physically able to attend classes in a regular school with limitations as follows:

____ 2. This child needs home instruction

Specify the number of weeks needed for homebound instruction:

1 2 3 4 5 6

Please return completed form to: (form must be mailed)

St. Clair County Board of Education
Attn: Teresa Arnold, Homebound Director
410 Roy Drive
Ashville, AL. 35953