



Date Received by School \_\_\_\_\_

**STATE COLLEGE  
Area School District**

LEARNING ENRICHMENT AND STUDENT SERVICES  
131 WEST NITTANY AVENUE • STATE COLLEGE, PENNSYLVANIA • 16801-4899  
TELEPHONE: 814-231-1074 • FAX: 814-231-4103

**PHYSICIAN'S REQUEST FOR HOMEBOUND INSTRUCTION**  
(This information needed by State auditors)

Homebound Instruction is provided for students whose physical condition prevents them from attending school. A physician must provide the following:

1. A diagnosis of the condition,
2. A statement that it would be harmful for the student to attend school or that the student would be unable to benefit from school because of the condition,
3. An indication of the time that homebound instruction will be needed.

See statements for Exceptional Conditions on the back of this form.

Name of Student \_\_\_\_\_ Date \_\_\_\_\_  
Grade/School \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Statement  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommended date for instruction to begin \_\_\_\_\_

Length of Time Homebound Instruction Needed \_\_\_\_\_

Limitations \_\_\_\_\_  
\_\_\_\_\_

Physician's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Phone  
Number \_\_\_\_\_

Please return as soon as possible so arrangements can be made for instruction. Return to the school or Learning Enrichment and Student Services, 131 W. Nittany Ave., State College, PA 16801.

**EXCEPTIONAL CONDITIONS**

1. In order for a student with a **social and/or emotional** condition to receive homebound instruction, a psychologist or psychiatrist must state in writing that it would be harmful to the mental health of a student to attend school.
  
2. Homebound instruction will not be provided for a **pregnant** student unless a physician will state in writing that if the student attends school it would be harmful to the health of the student and/or child.

**If exceptional condition, please complete the form below instead of the front**

Name of Student \_\_\_\_\_ Date \_\_\_\_\_  
Grade/School \_\_\_\_\_

Diagnosis \_\_\_\_\_

Statement \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommended date for instruction to begin \_\_\_\_\_

Length of Time Homebound Instruction Needed \_\_\_\_\_

(Estimate in weeks)

Limitations \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Psychologist/Psychiatrist Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Physician's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Please return as soon as possible so arrangements can be made for instruction. Return to the school or Learning Enrichment and Student Services, 131 W. Nittany Ave., State College, PA 16801.