

CANON-McMILLAN SCHOOL DISTRICT
200 BIG MAC BOULEVARD, CANONSBURG, PA 15317
HOMEBOUND INSTRUCTION APPLICATION

SECTION 1

Student Name _____
School Attending _____
Parent/Guardian Info. _____
Address _____

Date _____
Date of Birth _____
Grade _____
Home Phone _____

PHYSICIAN'S STATEMENT

SECTION 2

Yes No

1. The child is physically, mentally and emotionally able to attend regular public school. _____
 • *If yes, student is not eligible for Homebound*
2. The child is physically, mentally and emotionally able to carry a homebound instruction program. _____
3. Probable number of weeks of homebound instruction required. **(Maximum 12 weeks)** _____
4. Maximum hours of instruction per week the child is able to carry. **(5 hours maximum)** _____
5. Description of disability and why this disability necessitates homebound instruction . (Please be specific in lay terms)

6. Special Instructions: _____

Date _____ Doctor's Name (please print) _____ M.D. Phone # _____

Doctor's Signature _____

(Doctor's release required upon student's return to school)

**STATE REGULATIONS REQUIRE THAT ALL STUDENTS RECEIVING HOMEBOUND INSTRUCTION MUST BE
RE-EVALUATED NOT LESS THAN EVERY 3 MONTHS.**

PRINCIPAL'S STATEMENT

SECTION 3

Instructional Requirements: _____

Special Education Program: Yes ____ No ____ Student has an IEP: Yes ____ No ____

Date of Last ER/RR: _____ Date of IEP: _____ Primary Disability: _____

Detailed explanation why student requires Homebound including why they cannot be educated in the school setting for the current time (Be Specific): _____

Date _____ Principal's Signature _____

SECTION 4

Teacher(s) Assigned _____

Homebound Instruction scheduled to start week of _____

Homebound Instruction scheduled to end week of _____

Approved by _____

Dr. Greg Taranto, Ph.D.
Superintendent of Schools