



**HOMEBOUND SERVICES 2024-2025**

**Department of Student Services  
Bartlett City Schools  
5705 Stage Road  
Bartlett, TN 38134  
Phone: 901-202-0855  
Fax: 901-382-7443**

**Department of Exceptional Children  
Bartlett City Schools  
5705 Stage Road  
Bartlett, TN 38134  
Phone: 901-202-0855  
Fax: 901-373-1370**

Dear Parent/Guardian:

In order for Bartlett City Schools to provide homebound instruction to your child, it is necessary that the Request for Homebound Services form and the Release of Confidential Information form be completed in its entirety. **In order for Homebound paperwork to be reviewed, the parent/guardian must give consent for Bartlett City Schools to communicate verbally with the medical professional completing the paperwork.**

The parent should complete Part 1. **Part 2 must be completed by a licensed medical doctor.** He/she needs to include his/her address, telephone number, date of examination, diagnosis, and the estimated number of weeks that homebound services will be needed. **The doctor must sign the form.** The form will not be approved if a nurse practitioner signs it or if a stamped signature is used for the doctor's signature. Also, **doctor's certification does not automatically qualify a student for Homebound services.** Part 3 will be completed by Bartlett City Schools after it is returned to the Department of Student Services.

Homebound Services are valid for a maximum of 6 weeks. During this time, Homebound Services will provide a teacher for 3 hours per week.

Any schoolwork that your child misses **prior** to homebound services beginning must be handled through your child's teacher. It is very critical that your child keeps up with make-up work and turns it in to the school if he/she has absences prior to homebound beginning. If this work is not completed and turned in to the school this will affect his/her grades for the grading period. The homebound teacher **is not** responsible for grades **prior** to the start of homebound services.

**It is the policy of the Bartlett City School Board of Education that an adult be present in the student's home during the entire time the homebound teacher is present.** Please comply with this request. The homebound teacher will not be able to stay at the home and teach the child without an adult present.

For general education placements, please contact the Department of Student Services, and for Special Education students, please contact the Department of Exceptional Children.

**Request Form for Homebound Services**

*Bartlett City Schools offers educational and employment opportunities without regard to race, color, creed, national origin, religion, sex, age, or disability and adheres to the provisions of the Family Education Rights and Privacy Act (FERPA).*

**Revised July 2024**



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PART 1:

Student Name: D.O.B.: Sex: Race: Grade:

Current School: Cell/ Home Phone:

Parent/Guardian: Work Phone:

Address: City/Zip:

Does student receive Special Education Services? IEP Service: 504 Plan: YES / NO

PART 2 - To be filled out by the medical doctor:

This student has been referred for Homebound services, a temporary educational placement. Medical information is required for review of eligibility. All information will be confidential and used only by persons directly involved with the student. You will be contacted by Bartlett City Schools to verify and confirm all information provided.

Specific medical condition/ diagnosis: (with a detailed description):

Explain in detail how the student's condition prohibits regular school attendance.

Can any reasonable accommodations be made to facilitate your patient returning to school? (Homebound services are provided for 3 hours a week and are not meant to replace the student's instructional program.)

Date Examined: Treatment:

Any Physical Limitations (please be specific as accommodations can be made at the school level):

If disease is communicable, I hereby certify this child is no longer in an infectious state.

In accordance with Tennessee Rules, Regulations, and Minimum Standards, this student meets the criteria to be certified as:

Health Impaired\* Physically Impaired\* ( See below for explanation)

Please indicate the length of time the student will be unable to attend school:

Initial homebound placements shall not exceed thirty (30) school days durations.

Physician Name (type or print): Phone:

Office Address: Date signed:

\*Physician's Signature: Fax number:

\*This must be a medical doctor's signature, no stamps or nurse practitioner's signatures accepted.

PART 3 (FOR OFFICE USE ONLY) APPROVED DENIED Date: Supervisor:

Teacher Assigned: Start Date: Exit Date:

\*Health Impaired: a child who has limited strength, vitality, or alertness due to chronic or acute health problems, which adversely affects educational performance.
\*Physically Impaired: a child who has a severe orthopedic impairment which adversely affects educational performance; the term includes impairments caused by congenital anomaly, disease, and other causes.



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RELEASE OF CONFIDENTIAL INFORMATION

5705 Stage Road
BARTLETT, TN 38134

Student' FULL Name:
School: Grade: Birth Date: Gender (M/F):
Address: City/Zip:
Student Resides With: Relation to Student:
Cell/ Home Phone: Work Phone: E-mail
Type of Program: Homebound

In order for Homebound paperwork to be reviewed, the parent/guardian must give consent for Bartlett City Schools to communicate verbally with the medical professional completing the paperwork.

Check the appropriate box:

- Information may be obtained (written or verbally) from the following individual or agency.
Information is to be released (written or verbally) to the following individual or agency.

Name and address of individual or agency:

Blank lines for name and address of individual or agency.

Pursuant to Federal Guidelines concerning the right to confidentiality, I specifically give consent for Bartlett City Schools to release/obtain information or medical, psychological, and/or educational records pertaining to the above stated agency (check all that apply)

- student's previous education placement and/or services including educational, psychological, medical, speech, language, and audiological assessments.
other (specify):

I understand that I may revoke this consent to release information at any time; however, I also understand that any release which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization prior to such time, this authorization shall expire.

- within one year from date of the signature
as otherwise specified here: (start date, event, condition of expiration)

At that time, no express revocation shall be needed to terminate my consent.

(If the client is under age eighteen, or has a guardian appointed by the court, this release must be signed by the client's parent or guardian.)

Signature of parent, legal guardian, or client age 18 or older:

Date: