



SUMTER SCHOOL DISTRICT

1345 Wilson Hall Road • PO Drawer 2039 • Sumter, South Carolina 29151-2039 • (T) 803.469.6900 • (F) 803.469.3769

Dear Physician, Nurse Practitioner, or Physician Assistant:

Please read the following with regard to Medical Homebound Instruction for Sumter School District students and indicate having done so by your signature below.

Pursuant to South Carolina’s Regulation 43-241, medical homebound instruction is available for students who cannot attend school, *regardless of any or all accommodations provided*, due to accident, illness, or pregnancy. Medical Homebound services are intended to provide academic assistance for students experiencing a medical crisis until the student is able to return. **This service is appropriate for short term intervention and should not be viewed as a long-term replacement for regular school attendance.** The goal is to help the student successfully return to school as soon as possible.

Please note the following information provided by the State Department of Education:

If a physician, nurse practitioner, or physician assistant writes a prescription for medical homebound instruction or completes a medical homebound application, isn’t the school district required to provide medical homebound instruction?

No. The superintendent of the school district, or his or her designee, may approve any Medical Homebound Instruction request. Upon the signed authorization of the parent, the district’s representative may ask the physician to supply additional documentation in order to determine if Medical Homebound Instruction is appropriate. School districts are encouraged to discuss with physicians the accommodations and modifications that can be made to keep students in the least restrictive environment.

If approved, a student is eligible for Medical Homebound Instruction on the day following his or her last day of school attendance. Dates for requested homebound services should begin at the time of the medical doctor’s evaluation. In the event the student cannot begin the school year, he or she would be eligible the first day of the regular nine-month academic year. It is the responsibility of the physician to recommend the length of the services that are medically necessary by providing specific dates for consideration by the Attendance Services Office.

Sumter School District appreciates your assistance in keeping students healthy and able to attend school. If you have questions concerning Medical Homebound Instruction, please contact Kathy Strickland at email:

Kathy.strickland@sumterschools.net

Student’s Name: _____ School _____

Physician/Nurse Practitioner/Physician Assistant Signature: _____

Parent’s Release Signature: _____

Date: _____

Vision: Sumter School District is committed to educating, empowering, and enriching the lives of all students to reach their full potential.

Mission: Sumter School District is committed to providing a safe, nurturing, and high-quality educational environment that supports diversity and equips students for local and global success.

Sumter School District is an equal opportunity employer.

MEDICAL HOMEBOUND INSTRUCTION FORM



Dear Physician:

Thank you for your dedication in keeping students in South Carolina healthy and progressing academically and socially in the regular school environment to the extent that is appropriate. The below named student and his/her parent, legal guardian, or surrogate parent has requested that the school district provide medical homebound instruction due to the student's inability to come to school as a result of an illness, accident, or pregnancy even with the aid of transportation. A district representative may contact you to discuss strategies to maintain the student in the school environment and to request additional information. The district superintendent or his/her designee must approve any student participating in a program for medical homebound instruction or hospitalized instruction. Please fully complete Section II as indicated.

SECTION I – STUDENT INFORMATION: (To be completed by school district personnel)

Student's Name:	Date of Birth:	Age:	Grade:
School:	School District: Sumter School District	Does the student have an IEP or 504 plan? Yes _____ No _____	

SECTION II – MEDICAL INFORMATION: (To be completed by a licensed physician, nurse practitioner, in compliance with the requirements of the Nurse Practitioner Act, or physician assistant in compliance with the requirements of Article 7 of the Medical Practice Act.)

Diagnosis of condition that prevents school attendance, even with accommodations: (Attach additional information if needed)

Prognosis and Treatment Plan: (Please include details, i.e.: medication, counselling schedule, etc., concerning your plans for returning the student to school. Attach additional information if needed.)

How does this medical condition impact educational performance and access to the student's educational program? (Would this student be able to attend school if accommodations/modifications were made? Attach additional information if needed)

Beginning date of nonattendance: **(not earlier than the date of doctor's visit unless hospitalized)** ____/____/____

Projected return date: ____/____/____

Please circle one: Intermittent Homebound Full Time Homebound

Re-evaluations at the district level will occur each 9 weeks. Therefore, you may be contacted for additional information. Extension requests will require submitting a new form and reintegration plan.

I certify that the above student **cannot** attend school because of illness, accident, or pregnancy, even with the aid of accommodations/modifications but may profit from instruction given in the home, hospital or other mutually agreed upon location.

Date: ____/____/____ Phone # _____ Address: _____

Provider's Printed Name & Title: _____ Provider's Signature: _____

SECTION III – RELEASE: (To be completed by parent/legal guardian or by student, if eighteen or older)

I authorize the release of medical, educational, or mental health information between school officials and my physician's office for the duration of the school year.

Signature of Parent/Legal Guardian: _____ Date: _____ Phone Number: _____

SECTION IV – AUTHORIZATION: (To be signed and dated by the District Superintendent or Designee)

I certify that school officials will consider whether the student now qualifies under Section 504 of the Rehabilitation Act of 1973 or is eligible for entry into programs for children with disabilities. I further certify if this is a student with a disability in accordance with State Board of Education regulations and if the student's medical homebound placement constitutes a change of placement, an IEP committee with parental involvement will develop an individualized education program (IEP). **Medical homebound services are authorized to begin on or after** ____/____/____

Superintendent's or Designee's Signature: _____ Date: _____

The need for medical homebound instruction may be reviewed periodically. School districts must retain this document on file for a period of five (5) years in accordance with procedures set forth in the South Carolina Pupil Accounting System Instruction Manual.