

Instructions for Completing the Medical Homebound Instruction Form

Section I – Student Information – SCHOOL PERSONNEL

School personnel should complete this section of the form when it is requested by the parent, legal guardian or surrogate. The question regarding disability refers to the EFA pupil classification for Special Education students.

Section II – Medical Information – PHYSICIAN/NURSE PRACTITIONER/PHYSICIAN ASSISTANT

A licensed physician, nurse practitioner, or physician assistant must fully and legibly complete this section. Partially completed sections cannot be accepted. A diagnosis, prognosis, treatment plan and educational impact must be addressed. Dates are to be recommended by the physician and based on the treatment plan prescribed. If a student is able to return to school prior to the projected return date, a medical release will first need to be provided to school personnel. If the student is unable to return by the projected return date, a new homebound instruction form must be completed and the prognosis and treatment plan updated. Otherwise the student may be considered absent.

Section III – Release – PARENT OR GUARDIAN

The parent, legal guardian, or surrogate must date and sign authorizing the release of medical, educational, or mental health information to school officials. If the student is eighteen years old or above, then he or she must sign the form. Failure to grant permission will delay the approval process and may possibly result in a denial.

Section IV – Authorization – HOMEBOUND COORDINATOR

This section should be blank when submitted.



INSTRUCTIONS FOR COMPLETING THE MEDICAL HOMEBOUND INSTRUCTION FORM

Dear Physician, Nurse Practitioner, or Physician Assistant:

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

South Carolina's Regulation 43-241, says that students who cannot attend public school due to accident, illness, or pregnancy are eligible for homebound or hospitalized instruction. **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 or deny any medical homebound instruction request. A completed and signed Medical Homebound Instruction Form does not guarantee approval of homebound services. 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. 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. Homebound services will not be approved for periods exceeding **45 instructional days**. If it necessary for homebound instruction to continue beyond this period, a new Medical Homebound Instruction Form will be required. Dates for requested homebound services should begin at the time of the medical doctor's evaluation.

Charleston County School District appreciates your assistance in keeping students healthy and able to attend school. If you have questions concerning medical homebound, please contact the district homebound office at homebound@charleston.k12.sc.us; 843-745-7150.

Return pages 2 and 3 to the school homebound contact once fully completed and signed.

Student's Name	School
Physician/Nurse Practitioner/Physician Assistant Signature	
Parent's Release Signature	Date



INSTRUCTIONS FOR COMPLETING THE MEDICAL HOMEBOUND INSTRUCTION FORM

Medical Homebound Instruction Form

Dear Physician, Nurse Practitioner or Physician Assistant:

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. Homebound instruction may be approved for 45 instructional days. **All information in Sections I, II, and III must be completed in order for homebound services to be considered.**

Full Time Homebound Services Intermittent Homebound Services

Section I – Student Information: (To be completed by School District Personnel)

Student's Name:	Date of Birth:	Age:	Grade:
School:	School District: CHARLESTON COUNTY		
Is this a student with a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		Category of Disability:	

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

Diagnosis of Condition that prevents school attendance: (Attach additional information if needed)	
Prognosis and Treatment:	
How does this medical condition impact educational performance and access to the student's educational program?	
Beginning Date of Nonattendance:	Projected Return Date:
I certify that the above student cannot attend school because of illness, accident, or pregnancy even with the aid of transportation but may profit from instruction given at home or hospital via eLearning.	
Date:	Phone:
Providing Locations Email:	
Providers Printed Name:	Provider's Signature:
Mailing Address:	
How many days a month do you anticipate the student to be absent?:	

Section III – Release: (To be completed by parent or by student, if eighteen or older.)

I authorize the release of medical, education, or mental health information to school officials.		
Date:	Phone (Cell) Number:	Parent Email:
Parent/Guardian Signature:		Printed Name:

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 date:	
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.