



520 S. Washington St., Maryville, TN 37804 Phone (865)982-7121 Fax (865)263-8878

**PHYSICIAN RECOMMENDATION FOR HOMEBOUND SERVICES - MEDICAL**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Contact Number(s) \_\_\_\_\_

Address \_\_\_\_\_

**Please note:** Homebound services do not duplicate the classroom experience. Direct instruction is minimal and normal progression in school cannot be guaranteed due to the highly restrictive nature of the homebound placement. A plan to reintegrate the student into the traditional classroom setting should be in place. Students entering homebound programming will be placed in the most restrictive educational and social environment where the student will not have physical contact with their peers during the school day.

ELIGIBILITY: The licensed physician must certify that the above-named student meets all of the following criteria for eligibility. Students who do not meet all of the minimum eligibility criteria listed below will not be eligible for homebound services. All questions must be answered in order to certify eligibility.

1. Is the student expected to be absent from school for at least 10 school days due to a physical condition? Yes or No
2. Will the student be able to participate in and benefit from an instructional program? Yes or No
3. Is the student under your care for an illness/injury/condition which is acute, catastrophic, or chronic in nature? Yes or No
4. Can the student receive instructional services without endangering the health and safety of the instructor or other students with whom the student may come in contact? Yes or No
5. Do you recommend the student be placed in this most restrictive placement? Yes or No

This student was last seen in my office on \_\_\_\_\_.

Current Medical Condition/Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Treatment Plan (Medication, Surgery, Therapy, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

EXPECTED DATE OF RETURN: An anticipated date of return must be determined by the physician who is treating the student for the condition which prevents school attendance. If, during treatment, the physician feels the need to extend the projected ending date, a new form may be submitted which reflects the revised date of return. If the student can return to school prior to the expected ending date, written documentation from the physician must be provided to the MCS homebound coordinator.



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Incomplete forms will delay the consideration of a student's possible placement into the Homebound Instructional Program. Homebound is typically approved for 30 days.

PROJECTED SCHOOL RETURN DATE (REQUIRED) \_\_\_\_\_ (mm/dd/yy)

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Name (printed) \_\_\_\_\_

Practice Name \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_