

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

SECTION 1

Student Name _____ Date _____
School Attending _____ Date of Birth _____
Parent Guardian Info _____ Grade _____
Address _____ Home Phone _____

PHYSICIAN'S STATEMENT

SECTION 2

- | | Yes | No |
|--|-----|-----|
| 1. The child is physically, mentally and emotionally able to attend regular public school.
<i>* If yes, student is not eligible for Homebound</i> | ___ | ___ |
| 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