MOLINE-COAL VALLEY SCHOOL DISTRICT

Medical Certification & Request for Homebound Instruction

Replaces ISBE 34-58 (4/23)

Instructions: Parent/Guardian completes Parts A & C. Licensed medical provider (MD, DP, APRN, or PA) completes Part B. Submit the completed document to your student's building counselor. Counselors will verify completion and forward to Student Services. Upon receipt by the district office, Student Services staff will evaluate the request and communicate the final decision to the parent/guardian and building counselor.

PART A - COMPLETED BY PARENT/GUARDIAN

STUDENT NAME (Last, First Middle)	GENDER ☐ Male ☐ Female	GRADE	SCHOOL
STUDENT ADDRESS (Street, City, State, ZIP)	STUDENT DATE OF BIRTH		
PARENT/GUARDIAN NAME	PARENT GUARDIAN PHONE NUMBER		

PART B - COMPLETED BY LICENSED MEDICAL PROVIDER

PRIMARY DIAGNOSIS

LENGTH OF CARE How long has this student been under your care prior to making the primary diagnosis?

- ☐ This is his/her first visit
- ☐ This is his/her 2nd, 3rd, or 4th visit
- ☐ I have seen this student regularly for 6 months or more

IF A DISEASE, IS IT COMMUNICABLE?

- ☐ Yes: STAFF INSTRUCTIONS _____
  _____
- ☐ No

TYPE OF CARE: What type of care do you provide?

- ☐ I am the student's primary care physician
- ☐ I am the student's mental health care provider
- ☐ I provide care in a specialty area of health or medicine
- ☐ I am a walk-in clinic or convenient care provider
- ☐ Other _____

MEDICAL PROVIDER'S NAME

MEDICAL PROVIDER'S ORGANIZATION/EMPLOYER

EXPLAIN SPECIFICALLY WHY THE STUDENT'S MEDICAL CONDITION SHOULD PRECLUDE HIM/HER FROM ATTENDING SCHOOL:

ESTIMATED LENGTH OF TIME FOR HOME/HOSPITAL INSTRUCTION (*# of weeks, **BETWEEN 2 & 9***) _____ Weeks

RECOMMENDED START DATE: _____ RECOMMENDED END DATE: _____

Moline-Coal Valley School District 40 believes that in-person instruction and peer socialization are essential for appropriate growth, development, and academic progress. Therefore, our philosophy regarding homebound services is below.

We believe:

- *Homebound instruction should be used only under exceptional circumstances, and in most cases should be precluded by school and community-based interventions that attempt to keep the student in an in-person setting.* ***The district strongly encourages implementing interventions and accommodations prior to removing the student from in-person attendance, and we have a process in place for accommodating these needs in lieu of homebound instruction.***
- *Homebound instruction should only be used as a temporary solution to learning while a student is adjusting to medical or therapeutic treatment, but it is not a permanent school replacement.*
- *Homebound instruction does not replicate in-person learning, nor is it intended to do so. Students will have minimal contact with school staff and limited course selection.*

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- *Parents and students are responsible for maintaining an adequate pace of learning in core subjects.*
- *The district's homebound instruction model requires students to complete online learning independently and without instruction from Moline-Coal Valley teachers. Often, students do not keep up with the pace required for course completion and are at greater risk of falling behind academically compared to their in-person peers.*
- ***Those granted permission for homebound instruction must re-apply quarterly to extend instruction beyond 9 weeks.***
- *Student care is optimal when communication is shared among the parent, physician, and school health personnel, so that progress in one area of life may positively impact other areas of life.*

☐ I have read and understand the District's philosophy on homebound instruction, and I believe homebound instruction is the best option.

_____	_____	_____
Licensed Medical Provider's Original Signature (**MD, APRN, or PA only**)	Date	Phone Number

PART C - COMPLETED BY PARENT/GUARDIAN

DATE OF HOMEBOUND REQUEST	☐ I have read and understand the District's philosophy on homebound instruction. ☐ I understand that homebound instruction is different from HOMESCHOOLING. Homeschooling is not offered through the district and is the responsibility of the parent.
PARENT SIGNATURE	☐ I understand that homebound services are temporary and not designed to replicate in-person instruction. ☐ I understand that I will need to repeat this request process should homebound instruction be necessary for longer than one quarter of the school year.

AUTHORIZATION TO SHARE MENTAL HEALTH INFORMATION & EDUCATIONAL ENGAGEMENT

(Only complete if home/hospital instruction is due to mental health concerns. This portion is optional.)

For continuity of care between the health care provider and school personnel, I hereby authorize that health information regarding the care of the above-named student may be shared with mental health care providers and/or the nurse for the school district. Disclosure may include evaluations, strategies, treatment plans, areas of focus, and/or concerns shared verbally or in writing between school and medical provider, including records for the period of time from

_____ to _____.

As a parent (and/or student over the age of 12), I have a right to inspect and copy the health information to be released in writing, and if I do not sign this authorization, the medical provider named above will not release my health information to the Moline-Coal Valley School District. The above-named health provider will not refuse to treat me based on whether or not I agree to allow my health information to be disclosed to the school district.

I also understand that I may revoke/withdraw this authorization at any time by writing to the school district, except to the extent that action has already been taken to release my information.

This release is valid for one (1) calendar year from the date signed.

_____	_____	_____
Printed name of Parent/Guardian	Signature of Parent/Guardian	Date
_____	_____	_____
Printed name of Student (if age 12+)	Signature of Student	Date

PART D - OFFICE USE ONLY

COUNSELOR NAME	COUNSELOR COMMENTS
STUDENT SERVICES FINAL DECISION DATE	☐ Approved for Accommodated In-Person plan, rather than Homebound ☐ Approved for Homebound Services ☐ Not approved

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