



HOMEBOUND INSTRUCTION REQUEST FORM

Regular Education

A regular education student may receive hospital or homebound instruction from a certified teacher if they will not be able to attend school for four (4) weeks, as designated by a physician. **A statement to this effect must be provided by the recommending physician on the medical provider's office letterhead; this is a recommendation for instruction to occur off-site. The statement should include: the medical basis for the request, a timeline for returning to in-person instruction at the school, and any limitations that should be considered when providing homebound services.** If the request extends beyond four (4) weeks, the physician must provide an updated letter every four (4) weeks.

STUDENT INFORMATION		
NAME:	GRADE:	SCHOOL:
DATE REQUESTED:	EXPECTED DATE OF RETURN:	
PARENT/GUARDIAN INFORMATION		
NAME:	PHONE #:	
SIGNATURE:		
PHYSICIAN'S INFORMATION & NOTES		
<i>(To be completed by a certified medical professional. The recommendation for homebound services statement, as described above, must be included with submission of this form.)</i>		
NAME:	PHONE #:	
STUDENT DIAGNOSIS:		
PHYSICIAN SIGNATURE:		DATE:
SCHOOL SECTION		
PRINCIPAL/DESIGNEE SIGNATURE:		
PRINCIPAL/DESIGNEE NAME:		DATE:

****Submit this completed form and physician's recommendation letter to the Director of Student Services at the WCS BOE****

OFFICE USE ONLY

☐ APPROVED ☐ DENIED	Reason:
Signature:	Date:

BOE Policy 3132 and 3132-R

A copy will be sent to the school data manager. Students approved for homebound instruction should be coded as present.

Updated July 1, 2025