

## Request for Homebound Instruction

Student's Name \_\_\_\_\_

Student's Address \_\_\_\_\_

School \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Person Reporting Case \_\_\_\_\_

### Medical Report – Must Be Completed By Physician

Diagnosis (please print legibly) \_\_\_\_\_

Date of Onset of Medical Condition \_\_\_\_\_

Beginning Date of Homebound \_\_\_\_\_

Ending Date of Homebound \_\_\_\_\_

**(A DATE MUST BE GIVEN; with a maximum of 90 days – If more than 90 days is required, a new physician form must be completely filled out.)**

In my opinion, the above named student is able to receive homebound instruction for  
\* \_\_\_\_\_ hours per week.

Name and Address of Physician \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature \_\_\_\_\_

\* Minimum number of hours per week is 3; maximum number is 5

### To Be Filled Out By Guidance Counselor

Is the student in Regular Education? Yes \_\_\_ No \_\_\_ If no, please complete below:

Is the student in Special Education or Gifted? \_\_\_\_\_

Type of Primary Disability \_\_\_\_\_ Date of IEP \_\_\_\_\_

### Meets Requirements

Guidance Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Homebound Teacher(s) \_\_\_\_\_

Subject(s) Certified to Teach \_\_\_\_\_

For District Office Use Only ~ When did student return to school? \_\_\_\_\_

**Please return to District Office**