



ELIZABETH FORWARD SCHOOL DISTRICT

401 Rock Run Road, Elizabeth, PA 15037-2416 • 412-896-2309 • FAX: 412-751-9483 • www.efsd.net

Dr. Randal Sydeski
Director of Personnel & Student Services

Physician's Statement Regarding Student Need for Homebound Instruction

I. Name of Student _____ Parent/Guardian _____

Address: _____ Date of Birth _____

City/Zip: _____ School: _____

II. I certify the above-named student to have the following disability: _____

Diagnosis: _____

III. Description of Medical/Mental* Disability: _____

Prognosis: _____

IV. Is this student physically/*emotionally** able to attend school in a regular class? Yes ___ No ___

If 'NO', please state concise medical reason: _____

V. Is this student physically/*emotionally** able to attend school in a special class for handicapped students? Yes ___ No ___ *Can only be certified by a psychiatrist

VI. Estimate the length of time the student will require the services of the Homebound Instruction Program: _____

VII. **The maximum number of Homebound Instruction hours per week is 5.**

(1 hour per week in each of the 5 subject areas). If this student is unable to receive this many hours, indicate the number of hours per week the student can receive: _____

Physician's Signature: _____ Date: _____

If Psychiatrist, check here: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Form can be emailed to Dr. Randal Sydeski at rsydeski@efsd.net or returned to the parent(s).