

117-AR-1 Physician's Statement for Homebound Instructions (P-203)

Eligibility Requirement: To be eligible for homebound instruction, the student must anticipate an absence for a minimum of 3 weeks.

Section 1: To Be Completed by Parent

Student's Name:	Date of Birth (MM/DD/YYYY):
Parent/Guardian Name:	Phone Number:
Address:	School Name:
Grade:	School District: Fox Chapel Area School District

Section 2: To Be Completed by Physician

I find the above-named child to have the following disability:

Diagnosis:
Description of Disability:
Prognosis:

Is the child physically unable to attend his regular public school?	☐ Yes ☐ No
Is the child physically able to carry a homebound instructional program?	☐ Yes ☐ No
Is the child physically able to attend school in a special class for physically handicapped?	☐ Yes ☐ No

Estimated length of time child will be homebound:	_____ weeks
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Maximum hours of instruction per week (5 hours max):	_____ hours
Recommended physical positions during instruction:	☐ Sitting ☐ Lying ☐ Writing Special instructions: _____
Is the ailment communicable?	☐ Yes ☐ No

Physician's Name: _____	Physician's Phone: _____
Physician's Address: _____	Date Homebound Begins: ____ / ____ / ____
Physician's Signature: _____	Date Signed: ____ / ____ / ____

IMPORTANT NOTE: *The signature of a psychiatrist is necessary if homebound instruction is requested for emotional disabilities (P-203).*