



NEW LONDON PUBLIC SCHOOLS

SCHOOL & FAMILY SUPPORT SERVICES DEPARTMENT HOMEBOUND INSTRUCTION MEDICAL REQUEST FORM

TO THE TREATING PHYSICIAN: Pursuant to the Connecticut State Department of Education regulations (specifically R.C.S.A. 10-76d-15), the following information must be provided to the district for a student to be eligible for homebound instruction. Please legibly complete this form.

Student's Name: _____ DOB: _____

Home Address: _____

Treating Physician's Name: _____

Physician Address: _____ Phone #: _____

Email address (optional): _____

Please provide the information below: You are encouraged to attach extra paper as needed to this form in order to answer the questions as fully and completely as possible.

- a. Written documentation from treating physician is required to determine that the student's attendance at school is not feasible even with reasonable accommodations.

Date of Documentation: _____

Name of Health Personnel: _____

- b. Is the student unable to attend school due to a verifiable medical reason? ☐ Yes ☐ No
If yes, what is the reason? _____

- c. Will the student be absent from school for at least 10 consecutive school days due to his or her condition? ☐ Yes ☐ No

- d. Is the child's condition such that the child may be required to be absent for short repeated periods of time during the school year? ☐ Yes ☐ No

- e. State the student's diagnosis: _____

- f. Supporting documentation to support this diagnosis including but not limited to a written statement, testing results, and/or medical records is required and needs to be attached.

- g. The expected date the student will be able to return to school is: _____
mm/dd/yyyy