



## ***Madison School District #321***

### ***Special Services***

***60 West Main St. • Rexburg, Idaho 83440***

***Telephone (208) 359-3315 • FAX (208) 359-3370***

### **RECOMMENDATION FOR HOMEBOUND SERVICES FROM PHYSICIAN**

**(To be filled out completely by attending physician)**

**(Please Print)**

Student Name: \_\_\_\_\_ is under

the care of Dr. \_\_\_\_\_

Diagnosis: \_\_\_\_\_

The above named student is confined at the hospital ( ) home ( ) and will not be able to return to school until on or about \_\_\_\_\_, 20\_\_\_\_\_.

Homebound Services are recommended in this case. The time could be extended or reduced upon further notice.

Comments: (Please include restrictions, recommendations or instructions regarding physical limitations, if any, and degree of hazard to the Homebound Supervisor:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Attending Physician)

Phone: \_\_\_\_\_