



Homebound Extension Request Form D

PART 1: TO BE COMPLETED BY PHYSICIAN, LICENSED CLINICAL PSYCHOLOGIST, NURSE PRACTITIONER, OR PHYSICIAN ASSISTANT

Homebound instruction is a temporary service for students whose physical or psychological needs prevent normal school attendance. If homebound services extend beyond **45 school days**, this form must be completed by the initial referring health care provider and returned to the administrator of the child's school or to the Special Services Supervisor.

Student Name: _____ Date of Birth: ____/____/____

1. Diagnosis and conditions that indicate the need for extension of homebound services:
2. Physical restrictions for the student during extended homebound instruction:
3. Specific goals and treatment plan (please include details such as medication, counseling schedule, etc.) regarding the student's return to school.
4. Suggestions and/or accommodations needed to transition the student to classroom instruction (e.g., partial homebound, accommodations in the classroom, counseling, etc.):
5. Recommended date for extension to begin: ____/____/____
6. Recommended date for extension to end: ____/____/____

Date

Signature of licensed Physician, Clinical Psychologist,
Nurse Practitioner or Physician Assistant

Printed Name

Address

Phone Number

PART 2: ADMINISTRATIVE APPROVAL (SPECIAL SERVICES OFFICE USE ONLY)

I hereby approve extension of homebound instruction for this student from ____/____/____ to ____/____/____ for ____ hours per week.

Special Services Supervisor or Designee

Date