



## Homebound Application Form A: Request for Homebound Instruction

### ELIGIBILITY OF STUDENTS FOR HOMEBOUND INSTRUCTION

Homebound instruction shall be made available to students who are confined at home or in a health care facility for periods that would prevent normal school attendance. The term “confined at home or in a health care facility” means the student is unable to participate in the normal day-to-day activities typically expected during school attendance; and absences from home are infrequent, for periods of relatively short duration, or to receive health care treatment. **Students receiving homebound instruction may not work or participate in extra-curricular activities, non-academic activities (such as field trips), or community activities unless these activities are specifically outlined in the student’s medical plan of care.**

### STUDENT INFORMATION

Full Name:		
Date of Birth: ____/____/____	Age:	Grade/Placement:
Home School:		
Parents/Guardians:		
Address:		
Phone:	Work/Cell:	
Email:	Does the student have an IEP? <b>Y</b> <b>N</b>	

\*By my signature, I authorize the release and exchange of medical information between the health care provider and school division personnel. My signature provides the health care provider with authorization necessary to disclose protected health information and records regarding said student as it pertains to the condition for which homebound services are being requested. This authorization may be withdrawn at any time in writing.

\*Please note that this form as well as the Medical Certification of Need (Form B) and the Acknowledgement /Release (Form C) must be fully completed and submitted to the administrator of the student’s school to be considered for homebound services.

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Date



## Homebound Application Form B: Medical Certification of Need

**TO BE COMPLETED BY PHYSICIAN, LICENSED CLINICAL PSYCHOLOGIST,  
NURSE PRACTITIONER, OR PHYSICIAN ASSISTANT**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Professional advice is needed in determining whether this student can attend school. Please provide specific information regarding the following questions. **Attach additional information if necessary.**

### Check the appropriate blank to indicate the student's setting

1. Is the student confined at home \_\_\_\_\_ or in a health care facility \_\_\_\_\_?  
a.) If indicated that the student is in a health care facility, please list the name of the facility here: \_\_\_\_\_

2. Description of the illness/injury:

If pregnant, due date: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Would this student be able to attend school if accommodations were made (e.g., rest periods, shortened day, elevator, etc.)? **Y N**  
If yes, please list needed accommodations.

4. Date of examination or diagnosis of this illness: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of eligibility for homebound instruction: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of expected return to school: \_\_\_\_/\_\_\_\_/\_\_\_\_

5. What limitations should be considered by school personnel in providing homebound services?

6. Is the illness/treatment intermittent in nature? (e.g., chemotherapy) **Y N**  
If yes, will the student need multiple short periods of homebound instruction? Please describe.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number



## Homebound Application Form C: Acknowledgement/Release

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade/Placement: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Student Address: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

- **Acknowledgement/Release:** I acknowledge this request and agree with the need for homebound services. I further acknowledge that the requested homebound services for students receiving special education services shall be subject to review by the student's IEP team pursuant to the Individual with Disabilities Education Act.
- I will provide an environment conducive to learning, ensure that a responsible adult is in the home for the duration of instruction, or provide transportation to another agreed upon facility.
- I will ensure the student is ready for instruction at the time designated by the homebound teacher.
- I will keep appointments with the homebound teacher or contact the homebound teacher if an appointment must be missed.
- I understand that if it is necessary for homebound instruction to continue beyond 45 days, an Extension Form (Form D) is required.
- I have read and understand the Homebound Information Sheet.

Return this form, along with Form A (Request for Homebound Instruction) and Form B (Medical Certification of Need) **to the administrator at your child's school.**

Additional questions about completing this application or about homebound procedures and expectations should be directed to the Special Services Supervisor at (276)739-3048.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

### ADMINISTRATIVE APPROVAL

I hereby approve homebound instruction for this student from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ for \_\_\_\_ hours per week.

\_\_\_\_\_  
Special Services Supervisor or Designee

\_\_\_\_\_  
Date