



**PHYSICIAN'S FORM
FOR SUPPORTIVE INSTRUCTION SERVICES
(HOMEBOUND)**

STUDENT'S NAME: _____

D.O.B.: _____ SCHOOL: _____

PHYSICIAN'S NAME (PLEASE PRINT/TYPED/STAMP): _____

ADDRESS: _____

PHONE NUMBER: _____

PHYSICIAN'S STATEMENT OF STUDENT'S CONDITION: (Indicate reason why student cannot attend school with this condition)

WHAT SUPPORTIVE MEDICAL/THERAPEUTIC SERVICES ARE OCCURRING THAT WILL FACILITATE THE STUDENT'S RETURN TO SCHOOL? DESCRIBE WHO IS PROVIDING THE SERVICE AND THE FREQUENCY. (ATTACH DOCUMENTATION)

PROJECTED DATE OF RETURN TO SCHOOL: _____

PHYSICIAN'S SIGNATURE: _____

DATE: _____

FORWARD PHYSICIAN STATEMENT, THERAPEUTIC SUMMARIES ETC. TO:

Return to: Barbara Garcia
Special Services
1502 Spruce Av
Wilmington, DE 19805
552-3761
992-7827 fax

**RED CLAY CONSOLIDATED
SCHOOL DISTRICT**

Mervin B. Daugherty, Ed.D.
Superintendent

Administrative Offices
1502 Spruce Avenue
Wilmington, Delaware 19805

**Office of
Special Services**

Office (302) 552-3773
Fax (302) 992-7827