

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

Homebound "Supportive Instruction" is an alternative educational program provided at home or related site for students <u>temporarily</u> at home for a sudden illness, injury, episodic flare up of a chronic condition or accident considered to be of a temporary nature.

Request due to a <u>MEDICAL CONDITION</u>: This form MUST be completed by a <u>Physician</u>, or an <u>Advanced Practice Nurse</u> or <u>Physician Assistant</u> who is employed by or who has a collaborative and/or written agreement with a licensed physician.

Request due to a **SEVERE ADJUSTMENT PROBLEM**: This form MUST be completed by a Psychiatrist or Psychologist **AND** confirmed through a staff conference.

STUDENT'S NAME: _	D.O.B.:
Grade:	SCHOOL:
Are you currently treat	ing the student? Yes No
Student's Diagnosis:	
Explain why this medical condition prevents the student from attending school:	
Does this illness or injury confine the student to home?yesno  The student will be unable to attend school for approximatelyweeks. Homebound will be	
approved for no longer than 8 weeks. An updated Physician's Form is required for consideration of an extension.	
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.	
By completing this form, you understand that:  ☐ Homebound is provided only when a student has a medical necessity to be out of school.  ☐ Homebound is not intended to take the place of a full class schedule. Homebound services provide instruction in core content courses (English, Math, Social Studies and Science).  ☐ Parents are asked to authorize a release of medical information so that you may share information related to the child's diagnosis with the school nurse or RCCSD Homebound Coordinator.	
Medical Professional's	Name (PLEASE PRINT):
Address:	
Physician's Signature:	
Date:	