



## Medical Request for Homebound Instruction

*This form must be completed and signed by a **licensed medical doctor**. It may **NOT** be completed by a nurse practitioner, or nurse. Completed forms can be faxed to Darlene Jefferson at **(423)625-1807** or delivered in person to Three Rivers Learning Center. The form may also be returned to Amy Spouse at the Central Office or faxed to her at **(423)625-3947**. **This form is good for a maximum of 30 days.***

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

Parent of Legal Guardian: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

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

*This student is seeking homebound educational services. Homebound instruction is for students who are too ill to attend school even with modifications or an abbreviated day for at least a 2-week period. Missed instructional sessions will count toward the student's attendance record and will be reported to the Attendance Officer. A new Medical Request for Homebound Instruction must be turned in to the Coke County School System prior to the 30th day of instruction to avoid truancy. **If the homebound request is for a diagnosis related to mental health, a Mental Health Request for Homebound should be completed instead of using this form.***

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

Medications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How is activity or the ability to attend school limited by student's condition?  
 \_\_\_\_\_  
 \_\_\_\_\_

Treatment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of return to school: *(if more than 30 days a new request form will be required)* \_\_\_\_\_

**Student Name:** \_\_\_\_\_

*Please check one of the following:*

- \_\_\_\_\_ 1. The student can attend classes in regular school with no modifications.
- \_\_\_\_\_ 2. The student can attend classes in regular school with the following modifications (abbreviated day, physical limitations, etc.). Please list the suggested modifications: \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_ 3. The student is physically unable to attend school. The student should remain **at home and be confined to the bed or home.**

*Please sign below:*

I have examined the above student and I have indicated above my recommendation for homebound instruction.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Printed Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

*Homebound instruction is for students who are unable to participate in the regular curriculum due to mental or physical illness. Students who are on homebound may **NOT** be employed. Attendance at homebound sessions will be monitored and failure to be at sessions will be reported to the Attendance Officer. The homebound teacher must be notified in advance if the student will be absent. Maintenance of homebound paperwork is the responsibility of the parent or guardian. Please sign and date below stating that you have read and understand the homebound request form in full.*

Parent or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_



## Mental Health Request for Homebound Instruction

*This form **must** be completed and signed by a **licensed medical doctor**. It may **NOT** be completed by a nurse practitioner, counselor, or licensed social worker. Completed forms can be faxed to Darlene Jefferson at **(423)625-1807** or delivered in person to Three Rivers Learning Center. The form may also be returned to Amy Spouse at the Central Office or faxed to her at **(423)625-3947**. **This form is valid for a maximum of 30 days.***

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

Parent of Legal Guardian: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name of Attending Mental Health Provider: \_\_\_\_\_

*This student is seeking homebound educational services. Students who are receiving treatment for a psychological disorder which prohibits them from participating in the regular education curriculum may be considered for homebound instruction. This form must be completed in full by a licensed medical doctor in order for this student to be considered for homebound instruction. Students receiving homebound instruction due to mental illness will provide the school system with documentation of participation in regular counseling sessions. Missed counseling or instructional sessions will count toward the student's attendance record. Missed instructional sessions will be reported to the Attendance Officer. A new **Mental Health Request for Homebound** must be turned in to the Coke County School System prior to the 30th day of instruction to avoid truancy.*

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**Is the student a danger to the safety and well-being of themselves or others?** \_\_\_\_\_

If NO, the student is not eligible for homebound instruction. Counseling visits are considered excused absences. The student must present the school with an excuse from the mental health provider documenting the date and time of the session.

If YES, please complete the following form in full. A new form must be completed every thirty days in order to maintain the student's homebound status. It is the responsibility of the student's parent or guardian to maintain paperwork.

Student Name: \_\_\_\_\_

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

Current Medications:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How is activity or the ability to attend school limited by student's condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

*Homebound instruction is for students who are unable to participate in the regular curriculum due to mental or physical illness. Students who are homebound may **NOT** be employed. Attendance at homebound sessions will be monitored and failure to be at sessions will be reported to the Attendance Officer. The homebound teacher must be notified in advance if the student will be absent. Maintenance of homebound paperwork is the responsibility of the parent or guardian. Please sign and date below stating that you have read and understand the homebound request form in full.*

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Physician Certification for Pregnancy Homebound

*This student is seeking homebound instruction due to pregnancy related health complications or post-delivery maternity leave. Students on homebound will be provided approximately 3 hours per week of academic instruction. To be considered for homebound instruction this form must be completed in full by the student's attending physician. The form may **NOT** be sign by a nurse or nurse practitioner. Completed forms can be faxed to Darlene Jefferson at **(423)625-1807** or delivered in person to Three Rivers Learning Center. The form may also be returned to Amy Spouse at the Central Office or faxed to her at **(423)625-3947**.*

***Please Print:***

Student Name: \_\_\_\_\_  
 Parent or Legal Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 School: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Attending Physician Name: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 Office Phone Number: \_\_\_\_\_  
 Student's Expected Date of Delivery: \_\_\_\_\_  
 Date of Physician Visit: \_\_\_\_\_

***Physician's recommendations for homebound instruction:***

1. The student is to receive homebound instruction for the 6-week period beginning with delivery. Yes \_\_\_\_ No \_\_\_\_
2. Is the student medically ***unable*** to attend class because of health complications arising from the pregnancy?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to #2, please list medical complication(s) which prohibits school attendance. (Complications should be of a nature as to have a diagnosis code; some examples are gestational diabetes, pre-term labor, eclampsia etc. Abdominal pain, back pain, fatigue, nausea etc. are common to pregnancy and are not considered complication for the purpose of homebound instruction.)

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

*If the student is physically too ill to return to school at the end of the six-week maternity leave, a **Medical Homebound Form** must be completed by the attending physician and returned to the Coke County School System Central Office.*

Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Attendance at homebound sessions is mandatory. Failure to be at sessions will be reported to the Attendance Officer. The homebound teacher must be notified in advance if the student will be absent.*