



Office of Homebound and Home Instruction

Department of Curriculum and Instruction • Student Services
3651 Hartford Street • Portsmouth, Virginia 23707-1205
Phone: 757-393-8354

To: Physician, Hospital, Clinic
From: Dr. Angela Flowers, Coordinator of Student Services

Re: Regular Homebound

Homebound Instruction is being considered for the student listed below. Professional advice is necessary in determining whether or not he/she is able to attend school. Homebound services may be approved for students who are confined at home or in a health care facility that would prevent normal school attendance (8VAC20-131-180) for up to 45 days within the school year. This means the student is unable to participate in 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 specially outline in the students medical plan of care or the individualized Education Plan (if applicable). Re-evaluation is needed for consideration of services being extending. Please supply the specific information as requested below with your recommendations. Incomplete forms will be denied.

The original form completed by the parent and doctor must be returned to the Homebound Office

Section I (Completed by parent)

Name of Student _____ School _____ Student Number _____
Grade ____ DOB _____ Gender M__ F__ IEP Yes__ No__ 504 Plan Yes__ No__
Home Phone _____ Cell Phone _____ Work Phone _____
Address _____ Zip Code _____
Parent/Guardian (print) _____ Email Address: _____

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 *Individuals 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 keep appointments with the homebound teacher and contact the teacher / homebound coordinator if an appointment must be missed. I understand that if homebound services are provided virtually, the sessions will be recorded. I understand that consistent cancellation of homebound services may be grounds for termination and my child must return to in-person school attendance.

I understand that the local school division has established policies and procedures for homebound instruction that provide more detail than this certificate of need. By my signature, I authorize the release and exchange of medical information between the health care provider, listed on the reverse side, or his/her designee, and school division personnel. My signature provides the health care provider(s) with the authorization necessary to disclose protected health information and records regarding said student as it pertains to the condition for which homebound instructional services are being requested. This authorization may be withdrawn at any time in writing.

The Homebound Office has my permission to exchange information with the Physician’s Office.

Parent/Guardian Signature

Date

Section II (To be completed by the licensed physician or licensed psychologist providing care to the student for the condition for which homebound is being requested)

1. Medical Condition for homebound request (Describe the Nature of the Illness)

2. Date of examination or diagnosis of this illness (must be current within 30 days of examination or diagnosis)

3. For Pregnant Students, Homebound cannot be approved prior to due date unless student is exhibiting complications. (List Complications)

4. Is the student confined at home and unable to attend school or work? Yes ___ No ___

If yes, complete question #5.

If no, draw a line through question #5 or put N/A in the begin and end date sections of question \$5.

5. When do you recommend that homebound instruction begin? **Specific begin and end dates must be provided (up to 45 days within the school year).** **Begin Date** ___/___/___ **End Date** ___/___/___

6. Recommendations regarding the school related activities to be encouraged or avoided after return to school.

Encouraged: _____

Avoided: _____

I certify the above named student is not able to attend school or work due to the medical diagnosis.

PRINT License Physician's Name _____ Telephone Number _____

Licensed Physician's Signature _____ Date _____ Fax Number _____

HOMEBOUND OFFICE USE ONLY

Approved ___

Denied ___ Coordinator's Signature _____ Date _____