

## Medical Homebound Instruction Program Parent Request

**NOTE:** This form must be completed by the parent/legal guardian and returned to Student Services at 430 Greenwood Avenue or faxed to (931) 553-2057.

**Student's Full Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Grade** \_\_\_\_\_ **School** \_\_\_\_\_

**Please circle, if applicable:** My child has an IEP    My child has a 504 Plan

**Does your child have a CMCSS laptop at home?** \_\_\_\_\_ **Internet Access at home?** \_\_\_\_\_

**My child may need homebound for a...**

**Physical condition -** \_\_\_\_\_

**Mental Health condition -** \_\_\_\_\_

**which prevents him/her from attending the regular school setting.**

**We are unable to accept a homebound request from a Nurse Practitioner or Physician Assistant.**

**Dr.'s/Psychiatrist's Name** \_\_\_\_\_

**DR's Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Address** \_\_\_\_\_

**Adult present during homebound instruction:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_ **or** \_\_\_\_\_ **Email** \_\_\_\_\_

### **Parent or Guardian REQUIRED MEDICAL RELEASE**

I authorize the named licensed, treating physician/psychiatrist (with his/her staff) and Clarksville-Montgomery County School System to fully share and provide each other with information regarding the above student. All information is confidential and will be for professional use only. This release is good for one year.

**PARENT's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **For Student Services Use Only**

**Date assigned to Homebound:** \_\_\_\_\_ **Date Homebound Ends:** \_\_\_\_\_ **Date Return to School :** \_\_\_\_\_

**Homebound Teacher:** \_\_\_\_\_

**INCOMPLETE FORMS WILL RESULT IN DENIAL OF SERVICES**

## Guidelines for Medical Homebound Instruction Program

- Homebound instruction shall be provided to the student a minimum of 10 school days up to a maximum of 30 school days; usually 3 hours per week (2 sessions of 1.5 hours each).
- When a student needs homebound instruction beyond 30 school days, the licensed, treating physician/psychiatrist must certify in writing the need for additional services.
- Students are assigned a licensed teacher for assistance in completing work assigned by the classroom teacher(s). While awaiting a decision regarding homebound placement, it is the parents' and student's responsibility to obtain work from the school.
- To transition the student to a regular classroom environment, all students who are able will be served in the Student Services Department.
- ACCOMMODATIONS within the regular school setting should be considered BEFORE requesting homebound (examples: wheelchair, scooter, crutches, feeding tube, medication, extra time between classes, class notes provided, help carrying materials from class to class, no lifting, etc.).
- Homebound services will not be provided until both the parent and the physician requests are received in Student Services.

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