

**Cannon County Schools
Department of Education
REQUEST FOR HOSPITAL-HOMEBOUND INSTRUCTION**

To be completed by the Parent

Student Name: _____
SS#: _____ DOB: _____
Parent/Guardian: _____
Address: _____
Home Phone: _____ Work/Cell Phone: _____
School: _____ Grade: _____
Adult who will be present during homebound instruction: _____
Does this student have a special education IEP? (Yes/No) _____

To be completed by the Physician

This student is being referred for homebound instruction. Medical information is needed to plan an appropriate program for this student. Please fill this document out completely in order for the student to receive services. This information will be confidential and used only by the school personnel directly involved with this student.

Diagnosis/Etiology: _____

Prognosis: _____

Expected duration of condition/illness: _____

Physical limitations: _____

Estimated return date of student to the educational setting: _____

Please bear in mind that the homebound program is a temporary placement for students who must miss school for more than 2 consecutive weeks. Homebound instruction consists of a minimal amount of instruction rather than the regular 35 hour school week. There must be strong justification for this restrictive placement.

- Check one:** **1. The student is physically able to attend classes in regular school.**
 2. The student is able to attend classes in regular school for an abbreviated day. (_____ Hours per day)
 3. The student is health impaired to the extent that he/she is only able to participate in homebound instruction.

Signature of Physician: _____ **Date:** _____

Typed/Printed Name of Physician: _____

Specialty: _____

Physician's Address/Phone: _____

Return this form to: Cannon County Schools, Homebound Coordinator
301 W. Main Street, Woodbury TN, 37190 (629) 201-4808 Fax: (629) 201-4830

Homebound Approved _____ **from** _____ **to** _____