Lake Pend Oreille School District #84

365 N. Triangle Drive • Ponderay, Idaho 83852
Main: (208) 263-2184 • Fax: (208) 263-5053
Website: www.lposd.org

REQUEST FOR HOMEBOUND SERVICES

Homebound instruction may be initiated for students unable to attend school due to temporary illness, accident, or an unusual disabling condition. A student must be enrolled in a district school and absent for ten consecutive school days (501.4 Board Policy and Idaho Code 33-1001[6]).

Principal or School Counselor or Case Manager:

School Name: _____ School Year: _____

Date of Request _____ Person Requesting/Title:_____

Name of Homebound Student _____

DOB: _____ Grade _____

Address: _____ Phone: _____

Contact Person: _____Date Last Attended School: _____

Homebound Program Director Determination:

- ☐ Agree
- ☐ Disapproved: _____

Signature/Title: _____ Date: _____

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PHYSICIAN'S STATEMENT

STUDENT'S NAME _____ DOB: _____

School: _____ Teacher/Counselor: _____

Before a student can be considered for **Homebound** Educational Services (or in-school services for a student with a **Health Impairment, Orthopedic Impairment**, or **Traumatic Brain Injury**), it is necessary for the district to have on file a medical statement by a licensed physician certifying the student is suffering from an illness, accident or disability.

I, _____, certify that _____

Is undergoing treatment for:

___ an illness ___ a health impairment ___ traumatic brain injury

___ an accident ___ an orthopedic impairment

Diagnosis: _____

Date of last examination: _____

For homebound students only: In your opinion, at this time, is the student's medical condition such that he/she would benefit from homebound instruction? ___ **YES**___**NO**

I estimate the student will be able to return to school on _____
(month/day/year)

Comments: _____

Printed Physician Name: _____

Physician Signature: _____

Address: _____

Phone Number: _____ Date: _____

Revised 3/2024