

MCDOWELL COUNTY SCHOOLS**Physician/Therapist Recommendation For Homebound Services**

Homebound instruction is designed to deliver instructional support to students unable to continue attending school. Homebound is not intended for brief absences of less than 4 weeks.

Student Name _____ Birth Date _____ Age _____
 Address _____
 Telephone Home _____ Other _____
 Parent/Guardian _____
 School Attending _____
 Diagnosis of Medical Condition _____

Is the condition contagious? YES _____ NO _____

Restrictions and/or precautions _____

Is homebound instruction medically necessary? YES ____ NO ____

If yes, indicate the approximate number of weeks student will be unable to attend school

Beginning date: _____ Approximate date return _____

Indicate any special recommendations regarding teaching:

It is my recommendation that the above student can not attend school full time because of physical or mental limitations for at least a period of four consecutive weeks, but may profit from alternative instruction:

_____ homebound placement (receiving all instruction outside typical school setting)

_____ modified day schedule (attending school for less than a full day)

Printed Name: _____

Physician/Therapist Signature: _____

Date: _____

Address: _____

Telephone: _____

Fax: _____