

HOMEBOUND INSTRUCTION REQUEST FORM
TYLER COUNTY PUBLIC SCHOOLS
P.O. Box 25, Middlebourne, WV 26149
Phone (304) 758-2145 Fax (304) 758-4566

Please print or type:

Name of Student _____ Sex _____ Birth Date _____
Last First MI

Parent/Guardian's Name _____

Address _____ Telephone _____

School _____ Grade _____

Parent Responsibilities: Please initial that you have read the following:

- I understand that the homebound program is short-term and a temporary setting of four to six weeks with a required Doctor's Statement with diagnosis and plan of treatment. ____
- I understand that I will need a doctor's statement following the six week period if homebound services are needed for an extended period of time. ____
- I understand that it is my responsibility to pick up assignments and return them to the school while waiting on approval/denial of homebound. ____
- I give permission for Mrs. Melinda Walton, Homebound Coordinator, to contact the physician listed on this form to discuss the need for the homebound program. ____

Signature of Parent Date

Signature of Principal or Counselor Date

PHYSICIAN'S DIAGNOSIS & RECOMMENDATIONS

1. Diagnosis _____
2. Treatment Plan _____
3. Could student remain at school with modifications made through a SAT or 504 Plan? ____
4. Could the student remain at school on a part-time/reduced-day schedule? ____
5. If yes, what reasonable accommodations, if any, would be necessary for the student to attend school?

6. Indicate date of next scheduled appointment(s) _____
7. Expected date student will return to school _____

***** Please note a new doctor's statement is required after each six weeks of homebound services.*****

***** The homebound program is provided to students as a temporary path in returning to school.*****

Physician's Signature Date

Type or Print Physician's Name Telephone

Address Fax

Date Approved _____ Date Denied _____

Name of Homebound Teacher Assigned _____

WHITE COPY – CENTRAL OFFICE YELLOW COPY – SCHOOL PINK COPY - PARENT