



St. Clair County Board of Education

410 Roy Drive  
Ashville, AL 35953

JENNY SEALS  
Superintendent

205-594-7131 Phone  
205-594-4441 Fax

**HOMEBOUND MEDICAL REQUEST FORM**

**(To be completed by physician)**

STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

**MEDICAL EVALUATION**

**TO THE DOCTOR:** This student/parent has requested homebound services. Medical information is needed in order to provide this service. **Medical form must be mailed. Faxed forms will not be accepted.**

Diagnosis/Etiology: \_\_\_\_\_

Treatment/Medication: \_\_\_\_\_

DATE: Treatment began for this diagnosis: \_\_\_\_\_ Anticipated ending treatment: \_\_\_\_\_

Is child receiving psychological counseling: \_\_\_\_\_ How Often \_\_\_\_\_

PLEASE PRINT: Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

(This form must be signed by a licensed physician—Do not use a stamp)

**EDUCATIONAL RECOMMENDATION**

Please check one of the following, which will give this student the **BEST** educational advantage.

This child is physically able to attend classes in a regular school with limitations as follows: \_\_\_\_\_

This child needs home instruction. (If more than 6 weeks is necessary, please attach medical explanation and any appropriate documentation.)

Specify the number of weeks needed for homebound instruction:  1  2  3  4  5  6

Please return the completed form to (must be mailed):  
St. Clair County Board of Education Homebound Services

300 Burgess Drive  
Odenville, Alabama 35120

If you have additional questions, please call 205-594-7131