

**West Carroll Special School District  
Physician's Statement of Qualifying Medical Condition**

Section I: Student Demographics (May be Completed by Parent/Guardian or Physician)					
Student Name:				School:	
	Last	First	MI		
Grade:		Date of Birth:		Parent/Guardian:	

Section II: Description of Qualifying Medical Condition (To be Completed by Physician)
<b>A. Diagnosis</b>
<b>B. Please describe the impact of treatment and recovery will have on the student's ability to attend school regularly.</b>
<b>C. Please describe any modifications or special arrangements that the student's condition or recovery will require.</b>

Section III: Request for Services – Physician's Statement			
<p>Based upon the above diagnosis, I recommend homebound instruction for the aforementioned student. I believe this medical need or condition will temporarily hinder or impede regular school attendance as detailed above.</p> <p>The building principal will review the physician's explanation of medical condition and determine if homebound services are in the best interest of the student. The principal will certify a student as <b>homebound</b> for no more than six weeks for each physician's statement. At the end of six weeks, if the physician's evaluation determines that the student's condition may still prevent regular school attendance, the physician may complete an updated <b>Physician's Statement of Qualifying Medical Condition</b> and submit that form to the building principal to request a continuation of services.</p>			
I recommend that homebound instruction begin on		and continue through	
	(Date)		(Date)
Print Physician's Name:		Name of Practice:	
Physician's Signature:		Street Address:	
Date:		City, State, Zip:	