UPDATE FORM FOR CONTINUED HOMEBOUND INSTRUCTION

Must be completed every 90 days while student is on homebound. (PhD and MSW will need to be co-signed by a physician.)

Student's Name: _____ DOB: _____

School: _____ Grade: _____ Student ID #:_____

Your patient has applied for an extension of Homebound Instruction. The program is designed for students with **severe temporary medical or psychological problems or conditions** to provide some instruction while the student is under treatment. This is **not** a substitute for the classroom. **Students are not able to obtain the knowledge in homebound instruction that they would get at school. They may not have enough classes or credits to graduate.** Please be certain your patient requires homebound instruction before you complete this form.

Medical/Psychiatric Diagnoses: _____

Surgical Procedure(s): _____

Psychological/Psychiatric Counseling: _____ * ***Required for Homebound due to Mental Health diagnosis***

Medication(s): _____

Current status/disposition of patient: _____

Anticipated end date: _____

Last office visit **(must be within past 90 days):** _____

How frequently do you see the patient? _____

Briefly describe treatment plan: _____

Parents are required to provide medical updates every 90 days for homebound, yearly for Operation School.

Why is your patient **medically/psychologically** unable to have instruction in a regular classroom?

_____

_____

Can any reasonable accommodations be made to keep your patient in the classroom?

☐ Yes, _____
☐ No, _____

Thank you for your time. Please provide medical updates as requested. **Please have parent/guardian sign a medical release of information for your office. Please send the update to our email at healthservices@scsd.us or mail to Health Services at the address below.**

Date: _____

Provider's Signature*: _____

Provider's Stamp - Required: _____

Address: _____

Phone Number: _____

Fax: _____

Approved by Medical Director: _____