



**HOMEBOUND INSTRUCTION
MEDICAL CERTIFICATION OF NEED**

Homebound instruction shall be made available to students who are confined at home or in a health care facility for periods that would prevent normal school attendance (8VAC20-131-180). The term “confined at home or in a health care facility” means the student is unable to participate in the normal day-to-day activities typically expected during school attendance; and, absences from home are infrequent, for periods of relatively short duration, or to receive health care treatment. Students receiving homebound instruction may not work or participate in extra-curricular activities, non-academic activities (such as field trips), or community activities unless these activities are specifically outlined in the students medical plan of care or the Individualized Education Program (if applicable).

To be completed by a licensed physician, licensed clinical psychologist, or licensed nurse practitioner* providing care to the student for the condition for which services are requested.

1. Name of Student: _____

2. Name of School: _____ Grade: _____

3. Nature and extent of illness: _____

4. Date of examination or diagnosis of this illness: _____

5. Is the student confined at home or in a health care facility? YES NO

6. Is the illness/treatment intermittent in nature (e.g., sickle cell anemia, chemotherapy for childhood cancer)? YES NO

7. Could this child attend school if accommodations are made by the school? YES NO
If yes, please list the accommodations required. If no, please explain _____

8. Estimated date of return to school: _____

9. Explain ongoing treatment and/or therapy being provided: _____

10. Frequency of treatment: _____

Signature of Licensed Physician/Clinical Psychologist

Date

Print Physician/Psychologist Name

Telephone Number

Office Address

City, State and Zip Code

A statement of medical clearance will be required for student to return to school.

If it is necessary for homebound instruction to continue beyond nine weeks, an extension or re-authorization form, including treatment plan, progress towards treatment goals, and specific plans to transition the student back to the school setting, may be required.

(OVER)

To be completed by the parent/guardian or eligible student.

Name of Parent/Guardian or Eligible Student: _____

Home Phone: _____ Work phone: _____

Cell Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Students may receive instruction in the home setting, library or other setting agreed upon by the school division and parent or student who has reached the age of majority (eligible student).

Parent Acknowledgement/Release:

I acknowledge this request and agree with the need for homebound services. I further acknowledge that the requested homebound services for students receiving special education services must be reviewed by the student’s IEP team pursuant to the Individuals with Disabilities Education Act.

I will provide an environment conducive to learning, ensure that a responsible adult is in the home for the duration of instruction, or provide transportation to another agreed upon facility. I will keep appointments with the homebound teacher or contact the teacher or homebound coordinator if an appointment must be missed.

I understand that Alexandria City Public Schools has established policies and procedures for homebound instruction that provide more detail than this certificate of need.

By my signature, I authorize the release and exchange of medical information between the health care provider, listed on the reverse side, or his/her designee, and school division personnel. My signature provides the health care provider(s) with the authorization necessary to disclose protected health information and records regarding said student as it pertains to the condition for which homebound instructional services are being requested. This authorization may be withdrawn at any time in writing.

Please note: This form, including parental permission to contact the treating physician or psychologist, must be fully completed in order for the student to be considered for homebound services. If you have questions about completing this form, please contact the Homebound Coordinator or Assistant Director of Special Education.

Signature of Parent/Guardian or Eligible Student

Date

* The *Code of Virginia* § 54.1-2957.02 states “whenever any law or regulation requires a signature, certification, stamp, verification, affidavit or endorsement by a physician, it shall be deemed to include a signature, certification, stamp, verification, affidavit or endorsement by a nurse practitioner.”