

**REQUEST / CERTIFICATION FOR HOMEBOUND INSTRUCTION**  
**MEDICAL NECESSITY**

School Year \_\_\_\_\_

**SECTION I: DEMOGRAPHICS**

Homebound Instruction has been requested for: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Student's Home School: \_\_\_\_\_ Grade/Placement: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**SECTION II: MEDICAL JUSTIFICATION FOR NEED FOR HOMEBOUND SERVICES**

*The section must be completed by a Physician or Licensed Clinical Psychologist*

**Referring Doctor's Name (Please Print):** \_\_\_\_\_

**Referring Doctor's Phone:** \_\_\_\_\_

**Referring Doctor's Address:** \_\_\_\_\_

Type of Illness/Injury: \_\_\_\_\_

Please explain the extent of the debilitating conditions that does not allow school attendance: \_\_\_\_\_

Describe the amount and kind of activity suggested for the student while they are on homebound instruction:

Recommended date of eligibility for homebound instruction (begin date): \_\_\_\_\_

Recommended date of return to school (end date): \_\_\_\_\_

Homebound instruction is not designed to supplant school services and is designed to be temporary. What specific steps do you recommend be part of a transition plan in order for this student to return to school as soon as possible?

What changes do you recommend to the amount and type of activity for the student during the period of homebound instruction that would help them to transition back to school as soon as possible?

\_\_\_\_\_  
*Print Name of Licensed Physician or Licensed Clinical Psychologist*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Signature of Licensed Physician or Licensed Clinical Psychologist*

\_\_\_\_\_  
*Date*

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Base School: \_\_\_\_\_

**SECTION IV: ACKNOWLEDGEMENT BY PARENT/GUARDIAN**

I, \_\_\_\_\_, parent/guardian, acknowledge this request and agree with the need for homebound services. I will provide an environment conducive to learning, a responsible adult in the home, keep appointments, keep up with assignments, and advise school personnel of changes in my child's status.

I, \_\_\_\_\_, parent/guardian, understand that by signing below I am giving Albemarle County School the authorization to exchange information with the outside agency and/or, Physician or Licensed Clinical Psychologist noted below. I understand that Albemarle County Schools is requesting my permission for a release of information in order that they are able to exchange and/or clarify information in order to determine the need for / extent of homebound services and any transition planning for my child that may be needed. I understand I can revoke this permission at any time.

**Referring Doctor's Name (Please Print):** \_\_\_\_\_

**Referring Doctor's Phone:** \_\_\_\_\_

**Referring Doctor's Address:** \_\_\_\_\_

\_\_\_\_\_  
*Print Name of Parent / Guardian*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

**SECTION V: SCHOOL DIVISION AUTHORIZATION**

Albemarle County Schools:

Authorizes and approves homebound services for \_\_\_\_\_, to occur between the dates of \_\_\_\_\_ and \_\_\_\_\_ for \_\_\_\_\_ hours per week.

Denies the recommendation for homebound services.

This decision was based upon the attached justification and documentation for the need for homebound services. The teacher to be employed to deliver these services will hold a certificate in full force issued in accordance with the rules and regulations of the Virginia State Board of Education.

Should you have any questions, comments or concerns, please contact me at the phone number below.

\_\_\_\_\_  
*Print Name of Division Superintendent or Designee*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Signature of Division Superintendent or Designee*

\_\_\_\_\_  
*Date*

***This report must be returned to the Central Office prior to the onset of services.***

***Note: If the student is recommended for homebound instruction for medical reasons AND receives special education, homebound services must be stipulated in the IEP, and attached.***