

**CUMBERLAND COUNTY SCHOOLS
 HOMEBOUND INSTRUCTION
 Physician's Referral Form**

Rev. 7/2014

Student's Last Name: _____	First: _____	DOB: _____
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Physician's Statement: This student is being considered for homebound instruction that would require an absence of 4 weeks or greater. Your medical advice is needed to determine the student's eligibility for service.

Medical Diagnosis: Specify medical diagnosis which prevents student from attending school. _____

Is student free from contagion which would be harmful to school personnel? Yes No

Will any of the conditions allow a **modified/partial day schedule**? Yes No

Do you recommend homebound instruction? Yes No

Specific Restrictions, Recommendations or Precautions: _____

Clarify how this condition interferes with school attendance (be specific): _____

Expected duration the disability will prevent school attendance: _____

Date student may return to school? _____

Pregnant Students: Students who are pregnant may receive homebound instruction under certain conditions. While nausea, fatigue, back pain, etc. are not in and of themselves sufficient reasons for a pregnant student to receive homebound services, it is recognized that they may be symptoms of more severe complications. Please be specific as to the nature of the complications that are detrimental to the health of the student. You may identify a diagnosis beyond the pregnancy. Education is the factor that most often and most quickly brings about security for teen moms and their babies. We encourage these students to be in school **every day possible, both during pregnancy and following delivery, as education is the primary factor.** Homebound services are provided to students post-delivery for 4 weeks unless otherwise directed by the physician.

Anticipated due date: _____

Anticipated date of return to school: _____

Specific restrictions or precautions: _____

Psychiatric Diagnosis: A student with a psychological/psychiatric disorder may qualify for homebound instruction under certain conditions. This service is of short duration and cannot be used in lieu of the normal school program. The student must be referred to the homebound office by his/her attending psychiatrist due to medical justification that would interfere with the student's ability to attend the general education classroom. *A plan, which includes goals, educational recommendations, anticipated medication, and a transition component for returning the student to school or placing him/her in a more appropriate setting, must accompany the referral.*

Student being referred for a psychiatric diagnosis must also have a completed CCS Student Diagnosed with Emotional Disturbance form.

Specific restrictions or precautions while providing instruction in the home. _____

Implications prescribed medication may have on student's performance: _____

Medical Updates: Medical updates will be required every six to eight weeks for prolonged cases of eight weeks or more to determine continuation of homebound services.

Are there any instructional options which you would suggest that would make school attendance possible?

- | | |
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| <input type="checkbox"/> Attend school half day
<input type="checkbox"/> Attend school 2 or 3 days a week
<input type="checkbox"/> NC Virtual Public School (Online Instruction)
<input type="checkbox"/> Release student to visit school counselor when necessary | <input type="checkbox"/> Rest period during day
<input type="checkbox"/> Peer/buddy to assist in mobility
<input type="checkbox"/> Elevator
<input type="checkbox"/> Other Accommodations: _____ |
|---|---|

Physician's Signature: _____ Date: _____

Physician's name (printed): _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Note: Completed form should be returned to the student's EC Case Teacher, or School Social Worker.