

# Carbondale Area School District

## PARENT REQUEST/Physician's Statement For Homebound Instruction: Return this page

\_\_\_\_\_  
(Student's Name – Please Print)

\_\_\_\_\_  
(Grade)

\_\_\_\_\_  
Counselor

### To be completed by parent:

I am requesting homebound instruction as specified by the physician below. By making this request, I give consent for the recommending physician to discuss the specifics of the recommendation with school district officials at the District's discretion. My signature also acknowledges that I have read, understand and agree with the attached guidelines.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### PHYSICIAN TO COMPLETE THE FOLLOWING:

**ACTUAL DATES MUST BE PROVIDED. THE DATES INDICATED CANNOT EXCEED NINETY (90) DAYS. IF THE NEED FOR HOMEBOUND INSTRUCTIONS PERSISTS BEYOND THE TERMINATION DATE, A NEW STATEMENT MUST BE FILED TO EXTEND HOMEBOUND INSTRUCTION.**

This student will require homebound instruction for \_\_\_\_\_ weeks. Instruction may begin on \_\_\_\_\_  
and terminate on \_\_\_\_\_ Date  
(Date not to exceed 90 days)

Student  Can  Cannot Attend school for part of the school day.

Diagnosis:

<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Mononucleosis
<input type="checkbox"/> Broken Bone/Fracture	<input type="checkbox"/> Eye Injury	<input type="checkbox"/> Paralysis
<input type="checkbox"/> Brain Injury	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Pregnancy <sup>2</sup>
<input type="checkbox"/> Burns	<input type="checkbox"/> Kidney Infection	<input type="checkbox"/> Spinal Injury
<input type="checkbox"/> Cardiac Issues	<input type="checkbox"/> Mental Health <sup>1</sup>	<input type="checkbox"/> Sprains, Strains, dislocations
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Surgery
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Depression	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other: _____	_____

<sup>1</sup>Mental Health diagnosis requires the signature of a qualified psychiatrist.

<sup>2</sup>Homebound for pregnancy will only be approved when complications prevent the student from attending school. Request must include explanation of the need for homebound.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name (Printed or Typed)

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
Telephone Number

### CARBONDALE AREA SCHOOL DISTRICT OFFICE USE ONLY

The Request For Homebound Instruction has been: **Approved** **Not Approved** Reason: \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Superintendent)

## Guidelines Regarding Homebound Instruction

Parents/Guardians should read the following information carefully and keep this page for their records. The provision of Homebound Instruction is addressed in Carbondale Area School District Board Policy 117, Homebound Instruction.

- This request is for the District to provide Homebound Instruction for up to five (5) hours per week after the child has been absent from school for more than ten (10) school days. Homebound instruction may not be given for less than a three-week period.
- Parents/Guardians must be fully aware that due to the nature of course content, and their child's condition, it may not be possible for a tutor to deliver or teach required course content. In this regard, the student will be required to reschedule the course(s) during the next available semester. The assignment and choice of a tutor will be at the district's discretion.
- The failure to complete independent work on the part of the student or noncompletion of assignments may result in the loss of credit or failure of the course or the grade.
- Homebound Instruction for special education students is **not** to be considered a special education program or placement.
- The recommendation by the physician must be made on the basis of an office visit or review of laboratory results.
- Failure by the student to be available for a scheduled homebound instruction appointment without advance notice to the tutor will be treated as an unlawful absence

Thank you in advance for your cooperation. Please contact Mrs. Holly W. Sayre, Superintendent of Schools, at (570) 282-2507 with any questions.