HOMEBOUND INSTRUCTION

Medical Certification of Need

As defined by the Minnesota Department of Education, 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. 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 student's medical plan of care or the Individualized Education Program.

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: Lisa Perkovich, VHS Principal at (218) 749-5437.

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

Name of Student: ____

Name of Parent/Guardian: ____

Home Phone: _____________ Cell Phone: _________________Work phone:______________

Street Address: _________________ City:______ State: ________ Zip Code: _____________

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 shall be subject to review by the student's IEP team pursuant to the Individuals with Disabilities Education Act, if applicable. 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.

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, will be required.

____ ______________________

Signature of Parent/Guardian or Eligible Student Date

To be completed by the licensed physician or licensed clinical psychologist providing ongoing care to the student for the condition for which services are requested.

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, will be required.

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? ❑ YES ❑ NO
7. Could this child attend school if the school makes accommodations? ❑ 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**

To be completed by school administration.

_____Initial here when homebound instruction plan is confirmed and attach to this form.
Homebound Instructor: ______________________________
_______Date Received _______ Date Homebound Begins _______ Date Homebound Ends/Renews

Other Pertinent Information: