



Instructions for Completing the Medical Homebound Instruction Form

Section I – Student Information

SCHOOL PERSONNEL

School personnel should complete this section of the form when it is requested by the parent, legal guardian or surrogate. The question regarding disability refers to the EFA pupil classification for Special Education students.

Section II – Medical Information

PHYSICIAN

A licensed physician must **fully and legibly** complete this section. Partially completed sections cannot be accepted. A diagnosis, prognosis, treatment plan and educational impact must be addressed. Dates are to be determined by the physician and based on the treatment plan prescribed. Absences of longer than six weeks duration may require additional information to be provided at that time. If a student is able to come back to school prior to the projected return date, a medical release will need to be provided to school personnel. If the student is unable to return by the projected return date, a new homebound form must be completed and the prognosis and treatment plan updated.

Section III – Release

PARENT OR GUARDIAN

The parent, legal guardian, or surrogate must date and sign authorizing the release of medical, educational, or mental health information to school officials. If the student is eighteen years old or above, then he or she must sign the form. Failure to grant permission will delay the approval process and could possibly result in a denial.

Section IV – Authorization

HOMEBOUND COORDINATOR

This section should be blank when submitted. If approved, it will be returned signed by the District Homebound Coordinator.



GREENVILLE COUNTY
SCHOOLS
Where enlightening strikes.

The attached Homebound Instruction Form will not be processed if this cover letter is removed, or unsigned.

Dear Physician:

Please read the following with regard to Homebound Instruction for Greenville County students and indicate having done so by your signature below.

Pursuant to South Carolina’s Regulation 43-241, homebound instruction is available for students who cannot attend school, *regardless of any or all accommodations provided*, due to accident, illness, or pregnancy. Homebound services are intended to provide academic assistance for students experiencing a medical crisis until the student is able to return. **This service is appropriate for short term intervention and should not be viewed as a long-term replacement for regular school attendance.** The goal is to help the student successfully return to school as soon as possible.

Please note the following information provided by the State Department of Education:

If a physician writes a prescription for medical homebound instruction or completes a medical homebound application, isn’t the school district required to provide medical homebound instruction?

No. The superintendent of the school district, or his or her designee, must approve any medical homebound instruction request. Upon the signed authorization of the parent, the district’s representative may ask the physician to supply additional documentation in order to determine if medical homebound instruction is appropriate. School districts are encouraged to discuss with physicians the accommodations and modifications that can be made to keep students in the least restrictive environment.

In Greenville County Schools, pregnant students may explore their options at the Teen Parent Program. Otherwise, only a medical illness complicating pregnancy will deem a pregnant student eligible for homebound instruction prior to the delivery date. A physician must clearly document such eligibility. Students should be encouraged to return to school as quickly as possible after delivery

If approved, a student is eligible for medical homebound instruction on the day following his or her last day of school attendance. In the event the student cannot begin the school year, he or she would be eligible the first day of the regular nine-month academic year. *It is the responsibility of the physician to recommend the length of the services that are medically necessary by providing specific dates for consideration by the Homebound Office.*

Again, Homebound Instruction is not intended to be a substitute for regular school attendance; approved students receive one (1) hour of instruction for each day of school missed.

Greenville County Schools appreciates your assistance in keeping students healthy and able to attend school. If you have questions concerning medical homebound, please contact Rob Rhodes at 864-355-3391; rrhodes@greenville.k12.sc.us or Laura Williams at 355-3188; lwilliam@greenville.k12.sc.us.

Student’s Name _____ School _____

Physician’s Signature _____, M. D.

Parent Release _____

Date: _____

MEDICAL HOMEBOUND INSTRUCTION FORM

EXTENTION REQUEST NO. _____



Dear Physician:

Thank you for your dedication in keeping students in South Carolina healthy and progressing academically and socially in the regular school environment to the extent that is appropriate. The below named student and his/her parent, legal guardian, or surrogate parent has requested that the school district provide medical homebound instruction due to the student's inability to come to school as a result of an illness, accident, or pregnancy even with the aid of accommodations and transportation. A district representative may contact you to discuss strategies to maintain the student in the school environment and to request additional information. The district superintendent or his/her designee must approve any student participating in a program for medical homebound instruction or hospitalized instruction. **All information in Sections I and II must be completed in order for homebound services to be considered.**

SECTION I – STUDENT INFORMATION: (To be completed by the school)

Student's Name:	Date of Birth:	Age:	Grade:
School:	School District:	Is this student classified as disabled? (i.e., LD, ED, TMD, etc.) Yes ___ No ___ MODEL _____	

SECTION II – MEDICAL INFORMATION: (To be completed by a *licensed physician*) **INTERMITTENT SERVICES***

Diagnosis of condition that <u>prevents</u> school attendance, even with accommodations: (Attach additional information if needed)
Prognosis and Treatment Plan:
How does this medical condition impact educational performance?
Beginning date of nonattendance: ____/____/____ Ending date of nonattendance: ____/____/____ *** Maximum approval period is 6 weeks*** (Extension requests will require submitting a new form.)
I <i>certify</i> that the above student cannot attend school because of illness, accident, or pregnancy, even with the aid of transportation and/or accommodations, but may profit from instruction given in the home or hospital. <p style="text-align: right;"><u>PLACE ADDRESS STAMP HERE</u></p>
Date: ____/____/____ Phone # _____ Address: _____
Printed Name: _____ Physician's Signature: _____

SECTION III – RELEASE: To be completed by parent (or by student, if eighteen or older)

I authorize the release of medical, educational, or mental health information to school officials. Date: ____/____/____ Phone Number: _____ Signature of Parent/Legal Guardian/Surrogate Parent (or student if eighteen or older): _____

SECTION IV – AUTHORIZATION: (To be signed and dated by the District Superintendent or Designee)

I certify that school officials will consider whether the student now qualifies under Section 504 of the Rehabilitation Act of 1973 or is eligible for entry into programs for children with disabilities. I further certify if this is a student with a disability in accordance with State Board of Education regulations and if the student's medical homebound placement constitutes a change of placement, an IEP committee with parental involvement will develop an individualized education program (IEP).
Medical homebound instruction is authorized to begin on or after ____/____/____ contingent upon a certified teacher agreeing to provide this service.
Homebound Coordinator's Signature: _____ Date: _____

The need for medical homebound instruction may be reviewed periodically. School districts must retain this document on file for a period of five (5) years in accordance with procedures set forth in the South Carolina Pupil Accounting System Instruction Manual.

**For a recurring medical condition or treatment that intermittently makes him or her unable to attend school, but is not continuous or incessant.*