

CRAVEN COUNTY SCHOOLS
Physician's Documentation for Homebound Placement

Homebound instruction is designed to deliver temporary instructional support to students unable to continue attending school. The services are designed to offer instructional support for students actively participating in medical treatment. Services are available to students when a medical necessity prohibits school attendance for extended periods of time. The referral must be renewed quarterly (every 9 weeks) and reflect the presence of ongoing treatment. Confirmation is made with the referring medical provider overseeing the care to discuss the conditions of the absence and expected date of return to school. Partial school attendance is encouraged when possible to reduce the impact of extended absences on classroom performance.

Patient _____ **DOB** _____ **Male** ____ **Female** ____

Diagnosis _____ **Due Date if Pregnancy** _____

Is the condition contagious? Yes ____ **No** ____

What medical necessity prohibits total school attendance? _____

Is partial school attendance possible? Yes ____ **No** ____

Start date for homebound services: _____

Please indicate the estimated duration of the school absence _____

Are Final Exams to be taken at home? Yes ____ **No** ____

If the student's diagnosis is a mental disability contained within the Diagnostic and Statistical Manual of Mental Health Disorders, the school counselor may call to discuss available instructional strategies that may be considered to reduce the isolation of in home instruction.

Physician's Signature _____

Physician's Name (Printed) _____

Physician's Address: _____

Phone: _____ **Fax:** _____

Please fax the completed form to the Craven County Schools Student Services Director (fax) 252 514-6376.