

John J. Wright Educational & Cultural Center

Certification for Need for Homebound Instruction

Part A Homebound instruction has been requested for _____
 Student's DOB ____/____/____ Age _____ Sex _____ Grade _____
 Student's Home School _____
 Parent/Guardian Name _____
 Address _____
 Telephone () _____

Part B To be completed by Physician, Psychiatrist, Licensed Clinical Psychologist or Nurse Practitioner
 Professional advice is necessary in determining whether or not the above named student is able to attend school. **Pregnant teenagers, whose condition presents no attendance encumbrance, should participate in the regular school program. Medical complications must be documented as to why a pregnant teenager requires homebound instruction prior to delivery.** Homebound instruction is provided 6 weeks after delivery. Please provide the specific medical information regarding the following:

- Nature and Extent of Disability _____
- Duration of Disability _____
 - 3 to 6 weeks
 - More (Additional medical documentation required)
 - Expected Date of Return to School _____
- What limitations should homebound teacher observe? _____

 Date Signature of Attending Physician, Psychiatrist, Clinical Psychologist, or Nurse Practitioner () Physician Phone #

Medical Office Stamp: _____

A child unable to attend school due to an emotional disorder may be taught at home. This service is considered to be of short-term duration. When homebound instruction is requested, information given on this form must be furnished by a psychiatrist or clinical psychologist working with the child in a clinical setting. **A letter outlining the treatment plan signed by the psychiatrist or clinical psychologist is to be submitted with this application if a student with a mental health diagnosis is to be instructed at home.**

Part C Acknowledgement by Parent
 I acknowledge this request and agree with the need for homebound services. I will provide an environment conducive to learning, a responsible adult in the home, keep appointment, keep up with assignments, advise school personnel of changes in my child's status, and certify that my child is not employed/working while on homebound. I understand that while on homebound, my child cannot attend nor participate in any school activities. I understand that noncompliance with any of the above may result in termination of homebound services. I give permission for school personnel to verify information provided on this form.

Part D Homebound Location
 Services in my home (adult must be present during all Teacher Visits)
 Services elsewhere (parent must provide transportation and promptly return at specified time)

(over)

Part E Medical Release Information – Consent to Exchange Information

I want this information to be exchanged ONLY for the following purpose(s):

- Service coordination and treatment planning
- Eligibility determination
- Other (write in): _____

I want information to be shared: (Check all that apply)

- Written information
- In meetings or by phone
- Computerized data

My relationship to the client is:

- Self
- Parent
- Power of attorney
- Guardian
- Other Legally Authorized Representative

I want the following confidential information about the client (except drug and alcohol abuse diagnosis or treatment information) to be exchanged:

Medical Records

- Yes
- No

Psychological Records

- Yes
- No

Medical Diagnosis

- Yes
- No

Mental Health Diagnosis

- Yes
- No

I want to share additional information received after this consent is signed

- Yes
- No

This consent is valid until: _____

I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information. I want all agencies to accept a copy of this form as a valid consent to share information.

If I do not sign this form, information will not be shared and I will have to contact each agency individually to given them information about me that they need.

Signature(s): _____ Date _____
Consenting Person or Persons

Date Signature of Parent / Guardian Homebound Coordinator

This form should be returned to the Guidance Office of the Student's School.

Return to: _____
Homebound Contact School Phone