

**MEDICAL HOMEBOUND EXTENSION REVIEW FORM
2018-2019**

Student Name: _____ School: _____

Before this medical homebound extension request may be considered, the following steps must be completed:

Action	Signature of Responsible Person	Date Completed
1. Request for extension of Medical Homebound Services received by school from physician.	_____ Homebound Contact	_____
2. Medical Homebound Instruction Form reviewed for complete and accurate information.	_____ Homebound Contact	_____
3. Parent/guardian consulted regarding student progress and plans for returning to school	_____ Homebound Contact	_____
4. For students with a 504 Plan, the school 504 Coordinator schedules a meeting to review and individually determine the provision of appropriate instruction and accommodations while the student is on Medical Homebound. (Refer to Rule IDDC)	_____ 504 Coordinator	_____
5. For students with an IEP, the SPED Case Manager notifies the Instructional Support Specialist when a meeting has been scheduled to review the IEP and individually determine Special Education and Related Services while student is on Medical Homebound. (Refer to Rule IDDC)	_____ Special Education Case Manager	_____
6. Verify that approved homebound services have been received by student, approved hours have been met and work completed.	_____ Homebound Contact	_____
7. Submit complete homebound extension request to the Office of Homebound Services for consideration.	_____ Homebound Contact	_____

<p>PLEASE FAX THIS COMPLETED FORM ALONG WITH THE MEDICAL HOMEBOUND INSTRUCTION FORM TO 355-9237.</p>
