



**Instructions for
Completing the Medical Homebound Instruction Form
2018-2019**

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. If a student is able to return to school prior to the projected return date, a medical release will first need to be provided to school personnel. If the student is unable to return by the projected return date, a new homebound instruction form must be completed and the prognosis and treatment plan updated. Otherwise the student may be considered absent.

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 may possibly result in a denial.

Section IV – Authorization

HOMEBOUND COORDINATOR

This section should be blank when submitted.



GREENVILLE COUNTY
SCHOOLS
Where enlightening strikes.
2018-2019

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.

If approved, a student is eligible for medical homebound instruction on the day following his or her last day of school attendance. Dates for requested homebound services should begin at the time of the medical doctor’s evaluation. 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.*

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 GREENVILLE COUNTY SCHOOLS 2018-2019

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 have requested that the school district provide **medical homebound instruction**. This request is due to the student's possible inability to attend school as a result of an illness, accident, or pregnancy, even given 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 or hospitalized instruction. **All information in Sections I, II, and III must be thoroughly and legibly completed in order for homebound services to be considered.** Missing information may delay processing.

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

Student's Name:	Date of Birth:	Age:	Grade:
School:	School District: GREENVILLE COUNTY	Is this student classified as disabled? Yes ___ No ___ Category _____	

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

Specific diagnosis of condition that <u>prevents</u> school attendance, even with accommodations: (Attach additional information as needed)
Prognosis and Treatment Plan (include procedures and appointments):
How does this medical condition impact educational performance and participation in school?
Homebound instruction may be approved for up to 4 weeks.
Beginning date of nonattendance: ____/____/____ Ending date of nonattendance: ____/____/____
Extension requests may be considered with proper documentation. Medical homebound requirements should be met and medical treatment plan followed. For Intermittent Homebound, medical documentation for each absence may be required.
I certify that the above student is unable to 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.
<u>ENTER COMPLETE ADDRESS HERE</u>
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.

Extension Request Number: _____