

**MEDICAL HOMEBOUND PRELIMINARY REVIEW FORM
2019-2020**

Student Name: _____ School: _____

Before this medical homebound request may be processed, please make sure that the following steps have been completed.

Action	Signature of Responsible Person	Date Completed
1. Request for Medical Homebound Services received by school.	_____ Homebound Contact	_____
2. Check Medical Homebound Instruction Form for complete and accurate information.	_____ Homebound Contact	_____
3. Contact parent/guardian to explain homebound services and discuss appropriateness.	_____ 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 student is served through medical homebound. (Refer to Rule IDDC)	_____ 504 Coordinator	_____
5. For students with IEPs, the 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 served through medical homebound. (Refer to Rule IDDC)	_____ Special Education Case Manager	_____
6. Notify principal	_____ Homebound Contact	_____
7. Submit complete Medical Homebound request to Office of Homebound Services	_____ Homebound Contact	_____

**PLEASE FAX THIS COMPLETED FORM ALONG WITH THE
MEDICAL HOMEBOUND INSTRUCTION FORM TO 355-9237.**