



TREATING PHYSICIAN'S RECOMMENDATION FOR HOMEBOUND/HOSPITAL SERVICES

Dear Treating Physician:

The below named student and his/her parent, legal guardian, or surrogate parent have requested that the Baldwin County Public School System provide the student with educational services in the homebound setting. In order for the Baldwin County Public School System to assess this request, the parents are required to submit medical documentation from the student's treating physician of the student's inability to attend school and subsequent recommendation for homebound services. **This recommendation is only one part of the information reviewed at the homebound services meeting and does not result in an automatic homebound placement.** While placement of students on homebound/hospital is the most restrictive placement, it may be necessary for some students who are unable to attend school for medical reasons to receive a Free Appropriate Public Education (FAPE).

Your recommendation and the information shared below will be reviewed by the homebound services team and considered when a decision is made in regards to the student's placement. A Baldwin County Public School System representative may contact you to discuss your recommendations and/or strategies to maintain the student in the school environment or to request additional information.

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

Student's Name:	Date of Birth:	Age:	Grade:
Parent/Guardian Name:	School:		
Student's Medical Issue:		School's Homebound Coordinator:	

Is this recommendation: Initial request Recommendation for extension of homebound/hospital services

SECTION II – RELEASE: (To be completed by parent, legal guardian, surrogate parent, or student, if eighteen or older)

I authorize the release of written and/or verbal medical, educational, or mental health information between school officials and the treating physician listed in Section III:	
_____	_____/_____/_____ Date
Signature of Parent/Legal Guardian/Surrogate Parent (or student if eighteen or older)	

NOTE: Please clearly, fully and legibly complete Section III as indicated.

SECTION III – MEDICAL INFORMATION: (To be completed by *the treating physician.*)

Diagnosis of the medical condition: (Attach additional information if needed)
Prognosis and Treatment:

SECTION III – MEDICAL INFORMATION: (cont.)

In compliance with federal law, Baldwin County Public Schools administers all education programs, employment activities, and admissions without discrimination against any person on the basis of gender, race, color, religion, national origin, age, or disability.

Is it your opinion that the medical condition prevents the student from physically attending school? If yes, please provide an explanation in support of your opinion.

Is the condition contagious? Yes No

If yes, please explain precautions that can be taken by staff who may work with the student:

If the student is placed on homebound/hospital, please identify any medical barriers the student may face with completing assignments at home, if any.

What is the amount of time you estimate the student's medical condition will limit his or her ability to attend school? If more than 15 school days, please explain in greater detail.

The homebound services program is designed to be a temporary educational program to help students who are unable to attend school for medical or psychiatric reasons.

If the dates of non-attendance will be in excess of six weeks, please provide more information about why you feel the medical condition will lead to a removal of this length. In addition, please complete the *Treatment and School Re-Entry Plan* form. (Attach additional information, if needed.)

Beginning date of non-attendance: ____/____/____ Projected return date: ____/____/____

It is my recommendation that the above student cannot attend school because of illness, accident, or complications from pregnancy—even with the aid of transportation—but may profit from instruction given in the home or hospital.

Printed Name: _____ Physician's Signature: _____

Date: ____/____/____ Phone: _____ Fax: _____

Name of Practice/Institution: _____

Address: _____

Email: _____

SECTION IV: To be completed by BCPSS School Personnel:

In compliance with federal law, Baldwin County Public Schools administers all education programs, employment activities, and admissions without discrimination against any person on the basis of gender, race, color, religion, national origin, age, or disability.

Date received request from parent: _____ / _____ / _____

Date form given to parent: _____ / _____ / _____

Notes: _____

