

Mecklenburg County Public Schools

DEPARTMENT OF EXCEPTIONAL PROGRAMS

Post Office Box 190 – 175 Mayfield Drive – Boynton, Virginia 23917
 Phone – 434.738.6111 434.447.7631 Fax – 434.738.0691

OFFICE USE ONLY # _____ -1718 RECD _____

HOMEBOUND INSTRUCTION - MEDICAL CERTIFICATION OF NEED

Homebound instruction shall be made available to students who are **confined** at home or in a health care facility for periods that would prevent normal school attendance (8VAC20-131-180). The term “**confined at home or in a health care facility**” means the student is unable to participate in the normal day-to-day activities typically expected during school attendance; and, absences from home are infrequent, for periods of relatively short duration, or to receive health care treatment. **Students receiving homebound instruction MAY NOT WORK or participate in extra-curricular activities, non-academic activities (such as field trips), or community activities unless these activities are specifically outlined in the students medical plan of care or the Individualized Education Program (if applicable).**

TO BE COMPLETED BY THE LICENSED PHYSICIAN OR LICENSED CLINICAL PSYCHOLOGIST PROVIDING CARE TO THE STUDENT FOR THE CONDITION FOR WHICH THE SERVICES ARE REQUESTED.*

** The Code of Virginia § 54.1-2957.02 states “whenever any law or regulation requires a signature, certification, stamp, verification, affidavit or endorsement by a physician, it shall be deemed to include a signature, certification, stamp, verification, affidavit or endorsement by a nurse practitioner.”*

1.	Name of Student:	DOB:
2.	Name of School:	Grade:
3.	Nature and extent of illness:	
4.	Date of examination or diagnosis of this illness:	
5.	Date to begin homebound instruction:	
6.	Is the student confined at home or in a health care facility? <i>(please circle answer)</i>	YES NO
7.	Is the illness/treatment intermittent in nature (e.g., sickle cell anemia, chemotherapy for childhood cancer)? <i>(please circle answer)</i>	YES NO
8.	Could this child attend school if accommodations are made by the school? <i>(please circle answer)</i>	YES NO
9.	Date of return to school:	
10.	Explain ongoing treatment and/or therapy provided:	
11.	Frequency of treatment:	

Per VA Department of Education Guidelines, if it is necessary for homebound instruction to continue beyond nine weeks, please attach treatment plan, progress towards treatment goals, and specific plans to transition the student back to the school setting.

Signature of Licensed Physician/Clinical Psychologist	Date
Print Physician/ Psychologist Name	Telephone Number
Office Address	Fax Number
City, State and Zip Code	

FOR OFFICE USE ONLY	
I hereby approve homebound instruction for the above named student through _____ and further certify that the teacher to be employed will hold a current Virginia teacher’s license.	
Mary Hodges, Director of Exceptional Programs	Date

**HOMEBOUND INSTRUCTION
MEDICAL CERTIFICATION OF NEED**

Students may receive instruction in the home, a health care facility, or any other approved facility as agreed upon by the school division and parent or student who has reached the age of majority (eligible student, age 18 years and over). **If it is necessary for homebound instruction to continue beyond nine weeks, an extension or reauthorization form, including treatment plan, progress towards treatment goals, and specific plans to transition the student back to the school setting, will be required.**

TO BE COMPLETED BY THE PARENT/GUARDIAN OR ELIGIBLE STUDENT					
Name of Student:					
Name of Parent/Guardian or Eligible Student:					
Home Phone:		Work Phone:			
Cell Phone:					
Street Address:					
City:		State:		Zip Code:	
Mailing Address (if different from street address):					
City:		State:		Zip Code:	

Acknowledgement/Release: I acknowledge this request and agree with the need for homebound services. I further acknowledge that the requested homebound services for students receiving special education services shall be subject to review by the student's IEP team pursuant to the Individuals with Disabilities Education Act. I will provide an environment conducive to learning, ensure that a responsible adult is in the home for the duration of instruction, or provide transportation to another agreed upon facility. I will keep appointments with the homebound teacher or contact the teacher if an appointment must be missed. I understand excessively missed appointments may lead to termination of services.

I understand that the local school division has established policies and procedures for homebound instruction that provide more detail than this certificate of need.

By my signature, I authorize the release and exchange of medical information between the health care provider, listed on the reverse side, or his/her designee, and school division personnel. My signature provides the health care provider(s) with the authorization necessary to disclose protected health information and records regarding said student as it pertains to the condition for which homebound instructional services are being requested. This authorization may be withdrawn at any time in writing.

While receiving homebound instruction, I understand that my child must abide by Mecklenburg County Public Schools' Code of Conduct and Truancy Policy.

Please note: This form, including parental permission to contact the treating physician or psychologist, must be fully completed in order for the student to be considered for homebound services. If you have questions about completing this form, please contact: Mary Hodges, Director of Exceptional Programs, or Jeannie Garner, Secretary, at 434.738.6111 or 434.447.7631.

Signature of Parent/Guardian or Eligible Student

Date