MECKLENBURG COUNTY PUBLIC SCHOOLS

DEPARTMENT OF STUDENT SERVICES
Post Office Box 190 – 175 Mayfield Drive – Boydton, Virginia 23917
Phone – 434.738.6111 434.447.7631 Fax – 434.738.0691

OFFICE USE ONLY
#_____ -2122
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 student's medical plan of care or the Individualized Education Program (IEP) or Section 504 Plan (if applicable).

Per VA Department of Education Guidelines, if it is necessary for homebound instruction to continue BEYOND NINE WEEKS, you must attach a treatment plan, progress towards treatment goals, and specific plans to transition the student back to the school setting.

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 in a health care facility OR at home, except for essential travel, treatments, or medical appointments?	*(please circle answer)*	YES	NO
7.	Could student attend school if accommodations are made?	*(please circle answer)*	YES	NO
If yes, list needed accommodations:				
8.	If student is employed, may he/she continue to work?	*(please circle answer)*	YES	NO
9.	Date to return to school:			
10.	Explain ongoing treatment and/or therapy provided:			
11.	Frequency of treatment:			

Signature Licensed Physician/Clinical Psychologist

Date

Print Physician/ Psychologist Name

Telephone Number

Office Address

Fax Number

City, State and Zip Code

CONFIRMATION OF APPROVAL

I hereby approve homebound instruction for the above-named student through _____ and further certify that the teacher employed will hold a valid, current Virginia teacher's license.

Mary Hodges, Director of Student Services

Date

R07.29.21

HOMEBOUND INSTRUCTION - MEDICAL CERTIFICATION OF NEED
PARENT/GUARDIAN OR ELIGIBLE STUDENT

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 (age 18 years and over). If it is necessary for homebound instruction to continue **beyond nine weeks**, an extension form, including specific plans to transition the student back to the school setting, justification, & any changes in previous activity, **will be required** from the treating physician. ***Please note: Dual enrollment, AP classes, certain electives, Driver's Education, and CPR certification are not available during homebound instruction. Contact your child's guidance counselor should you have questions.***

Please note: This form 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 the Department of Student Services.

TO BE COMPLETED BY THE PARENT/GUARDIAN OR ELIGIBLE ADULT STUDENT			
Name of Student:			
Name of Parent/Guardian or Eligible Student:			
Home Phone:		Work Phone:	
Cell Phone:			
Email:			
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 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 agree to services at an alternate public 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 truancy procedures and/or termination of services.

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 heath 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 instruction services are being requested. I have the right to revoke this authorization by written notice. Also, this authorization remains in effect during the duration of homebound services unless withdrawn by the parent, guardian, surrogate, or adult student in writing. I understand that actions taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the information in the medical records may include information relating to treatment of drug or alcohol abuse, mental health, sexually transmitted disease, acquired immunodeficiency virus (HIV). With the exception of another Virginia public educational facility, none of these records will be released to any person without prior written consent of parent, guardian, surrogate, or adult student specifying which of these records are to be released and to whom. All relevant records with respect to the identification, evaluation, and placement of your child will be maintained in the school and available for your examination on an appointment basis.

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

Signature of Parent/Guardian or Eligible Adult Student Date