



## Office of Homebound and Home Instruction

Department of Curriculum and Instruction • Student Services  
3651 Hartford Street • Portsmouth, Virginia 23707-1205  
Phone: 757-393-8354

To: Physician, Hospital, Clinic  
From: Dr. Marie N. Shepherd, Coordinator of Student Services

Re: Intermittent Homebound for Chronic Illness  
Intermittent homebound is for students who have a chronic illness that may cause a child to be out of school a couple of days per week.

*Return this form to the Homebound Office*

### Section I (Completed by parent)

Name of Student \_\_\_\_\_ School \_\_\_\_\_  
Grade \_\_\_\_ DOB \_\_\_\_\_ Gender M\_\_ F\_\_ Home Phone \_\_\_\_\_  
Address (including zip code) \_\_\_\_\_  
Parent/Guardian (print) \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

### Section II (Completed by Physician)

1. Disability (Describe) \_\_\_\_\_  
\_\_\_\_\_
2. What treatment is the student currently receiving? \_\_\_\_\_  
\_\_\_\_\_
3. Approximately how frequently will this condition keep the student out of school? \_\_\_\_\_  
\_\_\_\_\_
4. Recommendations regarding the school related activities to be encouraged or restricted (physical), etc.  
\_\_\_\_\_  
\_\_\_\_\_
5. Additional recommendations \_\_\_\_\_  
\_\_\_\_\_

PRINT Physician's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_ Fax Number \_\_\_\_\_

**The Homebound Office has my permission to exchange information with the Physician's Office.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_