



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: Regular Homebound

Home/Hospital Instruction is being considered for the student listed below. Professional advice is necessary in determining whether or not he/she is able to attend school. Homebound services may be approved for **up to a three (3) month period** and re-evaluation is needed for consideration of services being extending. Please supply the specific information as requested below with your recommendations.

Return this form to the Homebound Office

Section I (Completed by parent)

Name of Student _____ School _____ Student Number _____
Grade ____ DOB _____ Gender M__ F__ Home Phone _____ Cell Phone _____
Address (including zip code) _____ Work phone _____
Parent/Guardian (print) _____ Email Address: _____

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

Parent/Guardian Signature _____ Date _____

Section II (Completed by Physician)

1. Medical Diagnosis (Describe) _____
2. For Pregnant Students, Homebound cannot be approved prior to due date unless student is exhibiting complications. (List Complications) _____

3. Does this condition require treatment or convalescence incompatible with school attendance?
Yes ___ No ___
4. When do you recommend that homebound instruction begin? **Please specify begin and end dates.**
Begin Date _____ **End Date** _____
5. Recommendations regarding the school related activities to be encouraged or avoided after return to school. _____

I certify the above named student is not able to attend school or work due to the medical diagnosis.

PRINT Physician's Name _____ Telephone Number _____
Physician's Signature _____ Date _____ Fax Number _____

HOMEBOUND OFFICE USE ONLY

Approved ___ Coordinator's Signature _____ Date _____