"Homebound" Instruction Application

I. STUDENT INFORMATION ☐Student with an IEP ☐Nondisabled ☐504			
Date of Application: ☐Initial ☐Extension (Circle One) 1 2 3			
Type of Application: ☐Medical ☐Reevaluation ☐Suspension/Expulsion ☐Other :			
Name of Student: DOB: Grade:			
Name of Parent/Guardian:			
Home Address: Home Phone or Contact Phone:			
II. SCHOOL DISTRICT INFORMATION			
1. Teaching completed by : ☐Phone ☐Home Teaching ☐Other:			
2. Estimated total length of homebound service by district: _____weeks (length of service must be given in weeks)			
Name of Teacher	SS#	Area of Certification	
Legal Name of Educational Agency	District Contact Person	Telephone	
Address	City	State	Zip
III. EDUCATIONAL INFORMATION (To be completed by Director /Coordinator of Special Services) (N/A if Medical, complete Section IV)			
1. Are you requesting a reevaluation? ☐Yes ☐No (If yes, enclose copy of Notice of Reevaluation)			
2. Has the IEP Team met: ☐Yes ☐No (If yes, date: _____)			
3. Has this student been suspended or expelled? ☐Yes ☐No (If yes, enclose copy of Change of Placement)			
4. Is this student not attending due to a court injunction? ☐Yes ☐No (If yes, attach copy of court order)			
IV. Medical Information (To be completed by Physician) (N/A if Educational, complete Section III)			
1. Does condition prevent student from maintaining school schedule? ☐Yes ☐No			
2. Medical or Psychological Diagnosis: If pregnant, please indicate due date:			
3. Number of weeks student will require homebound: Date of hospitalization:			
4. Recommendation and explanations of diagnosis: (NOTE: In the case of emotional disorders, a treatment plan should be designed to encourage the re-entry of the student into regular school environment as soon as possible.)			
Signature of Physician	Date	Print Physician's Name	
Address of Physician	State	Zip	Phone
Indicate Area of Licensed Specialty: ☐M.D ☐D.O. ☐Psychiatrist ☐Psychologist			
V. CERTIFICATION (To be completed by the School District)			
I CERTIFY THAT A NEED FOR HOMEBOUND SERVICE EXISTS AND THE PROVISION OF HOMEBOUND INSTRUCTION IS THE MOST APPROPRIATE EDUCATIONAL ALTERNATIVE AT THIS TIME.			
Superintendent or Authorized Representative	County/District Code	Date	

The district must maintain a copy of the application on file for a period of 5 years. These applications will be monitored as a part of the district's Special Education MSIP Review. For Homebound applications requiring Department of Elementary and Secondary Education approval, a letter will be returned to the district for their records.

Return the completed form to: Tara Scott, Central Office, 2806 Matthew Drive, Sedalia MO 65301 Fax 660-826-1020

8/27/14 tds