

Danville Public Schools
2022-2023
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 healthcare 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 extracurricular 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.*

1. Name of Student: _____ D.O.B: _____

2. Name of School: _____ Grade: _____

3. Nature and extent of illness:

4. Date of examination or diagnosis of this illness: _____

5. Is the student confined at home or in a healthcare facility? YES NO

6. Is the illness/treatment intermittent in nature (e.g., sickle cell anemia, chemotherapy for childhood cancer)?
 YES NO

7. Could this child attend school if accommodations are made by the school? YES NO
If yes, please list the accommodations required. If no, please explain

8. Expected duration of homebound (not to exceed 9 weeks per certification):

From Date: _____ Estimated date of return to school: _____

9. Explain ongoing treatment and/or therapy being provided:

10. Frequency of treatment: _____

Signature of Licensed Physician/Clinical Psychologist

Date

Print Physician/Psychologist Name

Telephone Number

Office Address City, State and Zip Code

NAME OF YOUR STUDENTS DOCTOR

PHONE NUMBER

