

Manassas Park City Schools

CERTIFICATION OF NEED FOR HOMEBOUND INSTRUCTION

Students Name: _____
Student's DOB _____ Age _____ Sex _____ Student ID# _____
Student's base school _____ Grade _____
Parent/Guardian's name _____
Address _____
Phone# _____ Email _____

To be completed by a Licensed Physician or Clinical Psychologist providing care to the student for the condition for which services are requested. Please provide specific information regarding the following:

1. Nature and extend of illness or injury _____
2. Is the student confined at home or in a health care facility? ___yes ___no
3. Date of Eligibility for homebound _____
4. Is the illness/treatment intermittent in nature (i.e. sickle cell anemia, chemotherapy for childhood cancer)? ___yes ___no
5. 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. _____

6. Expected date of return to school _____
7. Explain ongoing treatment and/or therapy being provided: _____

8. Frequency of treatment: _____

Signature of Physician/Clinical Psychologist _____ Date _____

Printed name _____ Phone # _____

Office address _____ City, State and Zip Code _____

Students may receive instruction in the home, a health care facility, or any other approved facility as agreed upon the by Manassas Park City Schools and parent or student who has reached the age of majority (eligible student). **If it is necessary for homebound instruction to continue beyond *nine weeks*, an extension or reauthorization form, including treatment plan, progress towards treatment goals, and specific plans to transition the student back to the school setting will be required.**

Acknowledgement by Parent/Guardian

I acknowledge this request and agree with the need for homebound services. I further acknowledge that the requested homebound services for students receiving special education services shall be subject to review by the students IEP team pursuant to the Individuals with Disabilities Education Act. I will provide an environment conducive to learning, a responsible adult in the home, keep appointments, keep up with assignments, and advise school personnel of changes in my child's status. I authorize the school system to contact my child's physician/clinician and I authorize them to share information with the school division concerning my child's need for homebound instruction. I understand that I should continue to work with my child's school in securing missed assignments while homebound instruction is being coordinated.

I understand that Manassas Park City Schools has established policies and procedures for homebound instruction that provide more detail than this certificate of need.

By my signature, I authorize the release and exchange of medical information between the health care provider, previously listed, or his/her designee, and the school division personnel. My signature provides the health 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 instructional services are being requested. This authorization may be withdrawn at anytime in writing.

Please note: This form, including parental permission to contact the treating physician or psychologist, must be fully completed in order for the students to be considered for homebound services. If you have questions about this form, please contact your child's guidance counselor or the Director of Special Programs.

Signature of Parent

Date

I hereby approve homebound instruction for this student, and further, certify that the teacher to be employed will hold a certificate in full force in accordance with the rules and regulations with the State Board of Education in accordance with Manassas Park City Schools' guidelines for hiring teachers.

Signature of Superintendent or Designee

Date

*If the student is receiving Special Education, homebound must be stipulated in the IEP.

* Attach a copy of Plan for Student Return to School