

South Carolina Public Charter School District Medical Homebound Instruction Form

Dear Physician:

Thank you for your dedication in keeping students in the South Carolina Public Charter School District healthy and progressing academically and socially in the regular school environment to the extent that is appropriate. The below named student and his/her parent, legal guardian, or surrogate parent has requested that the school provide medical homebound instruction due to the student's inability to come to school as a result of an illness, accident, or pregnancy even with the aid of transportation. A school representative may contact you to discuss strategies to maintain the student in the school environment and to request additional information. The charter school principal must approve any student participating in a program for medical homebound instruction or hospitalized instruction. **Please fully complete Section II as indicated.**

Section I – Student Information: (To be completed by school personnel)

Student's Name:	Date of Birth:	Age:	Grade:
School:	District: SC Public Charter School District	Does this student have an IEP/504 Plan?	

Section II – Medical Information (To be completed by a licensed physician)

Diagnosis of condition that <u>prevents</u> the school attendance (attached additional information if needed). If condition relates to pregnancy, please include the estimated date of delivery.	
Prognosis and Treatment:	
How does this medical condition impact educational performance?	
Beginning Date:	Projected Return Date:
I certify that the above student cannot attend school because of illness, accident, or pregnancy, even with the aid of transportation but may profit from instruction given in the home or hospital:	
Name of Physician:	Signature:
Phone Number:	Today's Date:

Section III – Release (to be signed by parent of student, if eighteen or older)

I authorize the release of medical, education, or mental health information to school officials:	
Name of Parent (adult student):	Signature:
Today's Date:	

Section IV – Authorization (to be signed and dated by the school leader or designee)

I certify that school officials will consider whether the student now qualifies under Section 504 of the Rehabilitation Act of 1973 or is eligible for entry into programs for children with disabilities. I further certify if this is a student with a disability in accordance with State Board of Education regulations and if the student's medical homebound placement constitutes a change of placement, an IEP committee with parental involvement will develop an individualized education program (IEP). Medical homebound services are authorized to begin on or after:
School Leader or Designee's Signature:

Homebound Regulations

- 1) In order for a teacher to be assigned, the homebound instruction form must be received within ten (10) school days of the student's initial absence from school.
- 2) Parents must sign the homebound timesheet.
- 3) Parents must provide a quiet space for homebound instruction, and to be present (or another supervising adult) at the homebound teaching site.
- 4) It is the parent's responsibility to make sure that the student returns to school on the date indicated in Section II of this document.

I understand and agree to the above conditions: _____

Parent's Signature (or student if eighteen or older)

The need for medical homebound instruction may be reviewed periodically. Schools must retain this document on file for a period of five (5) years in accordance with the procedures set forth in the South Carolina Pupil Accounting System Instruction Manual.