CHRISTINA SCHOOL DISTRICT
Together, Educating Every Student for Excellence

CHRISTINA SCHOOL DISTRICT
Administration Office
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Newark, Delaware 19702

Student Services
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DAN SHELTON, ED.D.
Superintendent

Dr. Gina Moody
Director, Student Services & Whole Child Support

HOMEBOUND SERVICES/SUPPORTIVE INSTRUCTION MEDICAL FORM
(All sections must be completed for consideration of approval)

TO BE COMPLETED BY PHYSICIAN/PSYCHIATRIST/PSYCHOLOGIST or ADVANCED PRACTICE NURSE/PHYSICIAN ASSISTANT (employed by or who has a collaborative and/or written agreement with a licensed physician:

Your patient,_____, has been recommended for Homebound Services/Supportive Instruction. Do you understand that homebound"supportive" instruction is an alternative educational program provided at home, in a hospital or at a related site for students temporarily at home or hospitalized for a sudden illness, injury, episodic flare up of a chronic condition, accident, or pregnancy, childbirth, or related medical condition to pregnancy or childbirth? By signing this form, you acknowledge and agree that this student will receive a minimum of 3 hours of instruction per week (Grades K-5) or 5 hours of instruction per week (Grades 6-12). Please be certain your patient requires Homebound Instruction before completing this form.You may use an additional sheet to provide further information.

Diagnosis: _____

Prognosis: _____

Are you currently treating this patient? Yes_____No____If yes, last appointment date:_____Next appointment_____

Medical/Psychological Treatment Plan/Interventions, etc. that will be utilized to assist the student in returning to school:
_____

Current status/disposition of patient: is the student confined to the hospital_____or home_____? (Check one)
Yes_____ No_____
Anticipated length of time away from school: _____

Estimated Date Confinement Begins:_____Estimated Date Confinement Ends: _____

Is your patient expected to be absent from school due to a physical or psychological condition for at least 10 days?
Yes_____ No_____
Do you understand that homebound instruction is not a substitute for the classroom?
Yes_____ No_____
Will the student be able to participate in and benefit from an instructional program?
Yes_____ No_____

Provide details on why the medical/psychological condition prevents your patient from being instructed in a regular educationalsetting._____
_____

If patient is unable to attend school, describe previous attempts to bring your patient into a regular classroom.
_____
_____

Can any reasonable accommodations be made to keep your patient in the classroom? (Explain)_____
_____

_____ _____ _____
Doctor's Name (Please Print) Doctor's Signature (Rubber Stamp Not Acceptable) Date

_____ _____
Doctor's Telephone Number Address

RETURN TO: School Contact Person:_____Phone Number: _____

Email Address:_____Fax Number:_____

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