



WILLIAMSON COUNTY SCHOOLS PHYSICIAN'S DOCUMENTATION FOR HOMEBOUND SERVICES

This student is being referred for homebound services. Homebound instruction is for students who will be unable to attend school for 2 consecutive weeks or longer due to medical conditions. (Homebound service typically consists of 2-3 home teacher visits per week for 1-1 ½ hours per visit). The Release of Records form, signed by the parent, gives permission for the physician to discuss the student's medical condition with the WCS Homebound Services Committee. **Homebound applications cannot be considered until ALL required documentation is received. Incomplete applications will be void after thirty days. Please send the most recent clinic note with this form.**

TO BE COMPLETED BY PARENT:

Student Name: _____	Date of Birth: _____	Gender: _____
Parent(s)/Guardian(s) Name: _____	Best Phone Number: _____	
Address: _____	City, State, Zip: _____	
School Attended: _____	Grade: _____	
Does the student have an IEP? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the student have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	

TO BE COMPLETE BY TREATING PHYSICIAN:

Homebound services aim to support students who are unable to attend school physically or psychologically by coordinating access to the curriculum. **It's a temporary intervention, and the goal is for students to return to their regular school placement for the least restrictive experience as soon as possible.** There must be strong medical justification for this restrictive placement. WCS requires the current diagnosis, treatment plan, and **most recent clinic note** by the treating physician. In some cases, additional information may be requested before making a homebound determination. If a student is disabled by a psychiatric diagnosis, a letter outlining the treatment plan, signed by the psychiatrist or clinical psychologist, **MUST** be submitted with this application. Please complete this form documenting your position on the necessity of homebound services. Updated medical documentation will be required for homebound services exceeding 30 days. Physicians are encouraged to include a letter of how the student's impairment precludes them from attending school.

What is the student's diagnosis? _____	Date Last Examined: _____
How does the student's diagnosis have an educational impact? _____	
Please indicate the one that best describes the medical status of the student:	
____ - The student is health impaired to the extent that he/she is only able to participate in homebound services (3 hours/ weekly)	
____ - Student can physically attend classes in the regular school setting with the suggested accommodations:	
<input type="checkbox"/> abbreviated day	<input type="checkbox"/> part-time
<input type="checkbox"/> with assistive devices	<input type="checkbox"/> Other- _____
Is the student's condition communicable? Yes ____ No ____	Is the student immunocompromised? Yes ____ No ____
Is the child at risk to self or other? Yes ____ No ____	Restriction of Physical activity? Yes ____ No ____
Treatment Plan/Medication: _____	
*If student is disabled by a psychiatric diagnosis a letter outlining the treatment plan MUST be submitted with this application.	
Date student can start homebound. _____	Date student can return to school. _____
Name of Provider: _____	Clinic/Practice Name: _____
Physician's Address: _____	
Phone Number: _____	Fax: _____ Email: _____
Signature of Physician: _____	Date: _____
Treating Physicians Credentials _____ (ONLY MD, DO, LCSW, or Psychologist may complete form. PA or NP cannot complete form per TN Policy.)	