

For office use:

Date Received: ____/____/____
Received by: _____



Williamson County Schools
Student Support Services
1320 West Main Street, Suite 202
Franklin, TN 37064
(615) 472-4136 Fax: (615) 472-5761

WILLIAMSON COUNTY SCHOOLS

PHYSICIAN'S DOCUMENTATION FOR PREGNANCY FOR HOMEBOUND SERVICES

TCA Section 49-10-1101 provides for homebound instruction for pregnant students. Under this law each pregnant student is entitled to three hours of homebound instruction per week throughout a six-week period of maternity leave. (Homebound service typically consists of two home visits per week for 1-1 ½ hours per visit). If the student's physician certifies in writing that the student's medical condition prevents the student from returning to regular classes then the local education agency shall continue to offer three hours of homebound instruction per week, subject to periodic recertification that the student remains medically unable to attend class because of health complications arising from the pregnancy. 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. The information provided is confidential and will be used only by school personnel involved with the student.

THIS FORM MUST BE COMPLETED BY THE TREATING, LICENSED PHYSICIAN

WCS requires the current diagnosis and treatment plan by the treating physician. In some cases additional information may be requested before making a homebound determination. Please complete this form documenting your position on the necessity of homebound services. **Homebound applications cannot be considered until all required documentation is received. Incomplete applications will be void after thirty days.**

(PLEASE PRINT)

Student Name _____ DOB ____/____/____ Check one: Female Male
School _____ Grade _____ IEP (please check) Yes No
Address _____ City _____ Zip _____
Parent(s)/Guardian _____ Best Phone: _____
Email _____ Other Phone: _____

Physician _____ Phone _____ Fax _____
Facility Name _____ Address _____
Expected Date of Delivery (EDC) _____ Date Last Examined _____

RECOMMENDING HOMEBOUND INSTRUCTION:

NORMAL PREGNANCY: 6 week period beginning with delivery Date of Delivery: _____

COMPLICATIONS OF PREGNANCY: Is student medically unable to attend due to health complications arising from pregnancy? YES NO
List Complications: _____

NOTE: Complications should be of a nature as to have a diagnostic code. Some examples are: Pre-term Labor (PTL), Gestational Diabetes, Eclampsia/Toxemia/PIH, etc. Abdominal pain, back pain and fatigue are common to pregnancy and are NOT considered complications for the purpose of homebound instruction.

- Prior to Delivery (Must provide written medical documentation with treatment plan (i.e. prenatal record **and** be recertified every 4 weeks until delivery) Circle one: PTL PIT Other _____
- Beyond six week maternity period (Must be recertified every 2 weeks until return to school)
Expected date for return to school: _____

Physician Signature _____ Date _____
Treating Licensed Physician in the State of Tennessee

INCOMPLETE FORMS WILL RESULT IN DENIAL OF SERVICES

UPDATED 6/2019