

**CUMBERLAND COUNTY SCHOOLS
HOMEBOUND INSTRUCTION
Physician's Referral Form**

Rev. 6/23/2022

Student's Last Name:	First:	DOB:
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Physician's Statement: This student is being considered for homebound instruction that would require an absence of 4 weeks or greater. Your medical advice is needed to determine the student's eligibility for service.

<p>SECTION A</p> <p>Are there any instructional options which you would suggest that would make school attendance possible?</p> <table style="width:100%;"><tr><td><input type="checkbox"/> Attend school half day</td><td><input type="checkbox"/> Rest period during day</td></tr><tr><td><input type="checkbox"/> Attend school 2 or 3 days a week</td><td><input type="checkbox"/> Peer/buddy to assist in mobility</td></tr><tr><td><input type="checkbox"/> NC Virtual Public School (Online Instruction)</td><td><input type="checkbox"/> Elevator</td></tr><tr><td><input type="checkbox"/> Release student to visit school counselor when necessary</td><td><input type="checkbox"/> Other Accommodations: _____</td></tr><tr><td><input type="checkbox"/> Nurse for special procedures: _____</td><td></td></tr></table>	<input type="checkbox"/> Attend school half day	<input type="checkbox"/> Rest period during day	<input type="checkbox"/> Attend school 2 or 3 days a week	<input type="checkbox"/> Peer/buddy to assist in mobility	<input type="checkbox"/> NC Virtual Public School (Online Instruction)	<input type="checkbox"/> Elevator	<input type="checkbox"/> Release student to visit school counselor when necessary	<input type="checkbox"/> Other Accommodations: _____	<input type="checkbox"/> Nurse for special procedures: _____	
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Medical Diagnosis: Specify the medical diagnosis and how it prevents the student from attending school. _____

After considering *options in Section A*, do you recommend homebound instruction? Yes No

Clarify how this condition interferes with school attendance (be specific): _____

Medical Updates:
Medical updates will be required every 4 to 8 weeks for prolonged cases to determine continuation of homebound services.

Expected duration the disability will prevent school attendance: 30 Days 60 Days 90 Days

Return to school date: _____ *Month/Day/Year* _____ *Month/Day/Year* _____ *Month/Day/Year*

Pregnant Students: Students who are pregnant may receive homebound instruction under certain conditions. While nausea, fatigue, back pain, etc. are not in and of themselves sufficient reasons for a pregnant student to receive homebound services, it is recognized that they may be symptoms of more severe complications. Please be specific as to the nature of the complications that are detrimental to the health of the student. You may identify a diagnosis beyond the pregnancy. Education is the factor that most often and most quickly brings about security for teen moms and their babies. We encourage these students to be in school **every day possible, both during pregnancy and following delivery, as education is the primary factor.** Homebound services are provided to students post-delivery for 4 weeks unless otherwise directed by the physician.

Anticipated due date: _____ **Anticipated date of return to school:** _____

Specific restrictions or precautions: _____

Physician's Signature: _____ Date: _____

Physician's name (printed): _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Note: Completed form should be returned to the student's EC Case Teacher or School Social Worker.