

HOMEBOUND INSTRUCTIONAL SERVICES STUDENT REFERRAL FORM**[For Non-Disabled Students]****TUSCALOOSA COUNTY SCHOOL SYSTEM**

The Tuscaloosa County School System provides homebound instructional services for eligible students. Eligibility for homebound instructional services for students with a non-disability will be considered upon the written documentation provided by a physician, psychiatrist, or psychologist. Written documentation provided must justify an expected absence from school of at least four weeks. Homebound instructional services for any student with a disability, or suspected of having a disability, will be referred to the school's 504 team or special education IEP team.

PARENT SECTION

Date _____ School _____
 Student _____ Grade _____ DOB _____
 Parent/Guardian _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Address _____
 City _____ State _____ Zip _____
 Directions to Home _____

If approved to receive homebound instructional services, below are the expectations of the student and parent(s)/guardian(s).

Expectations for Students

- Be ready and have all materials needed for homebound services.
- Cooperate and be respectful to the homebound teacher.
- Complete all assignments in a timely manner.
- Ask for clarification when needed.
- Attend school when possible with physician's permission.
- Bring a statement of release from attending physician upon return to school.

Expectations for Parent(s)/Guardian(s)

- Provide the school with a statement from the attending physician explaining the nature of the illness and projected date of return to school.
- Provide the school with updates from attending physician every four weeks.
- Ensure your child meets assignment deadlines in a timely manner.
- Ensure a responsible adult, age 21 or older, is present while the homebound teacher is on the premises, including the home and/or neutral location.
- Notify the homebound teacher when your child is unable to keep his/her appointment.

By signing this form, I state all the information is accurate and will ensure the expectations above will be followed by my child and me.

Parent/Guardian's Signature _____ Date _____

*This Homebound Instructional Services Student Referral form will not be accepted until it is completed, in its entirety, to include the physician's section (page 2). The parent/legal guardian is responsible for pages 1 & 2.

PHYSICIAN SECTION

Please complete this section and fax it directly to the school. This information is necessary in order to determine a student's eligibility to receive Homebound Instructional Services through the Tuscaloosa County School System.

Student's Name _____

School's Fax # _____

School Office Phone # _____

Please Print

1. **Nature and severity of the illness or condition which would prevent this student from attending school.**

2. **Would the student's medical condition require him/her to be away from school on a full-time or part-time basis?**

3. **Anticipated length of time it would be medically inadvisable for the student to attend school.**

From Date _____ / _____ / _____ **Until Date** _____ / _____ / _____

**Please attach additional information if necessary.*

Physician's Name (please print) _____

Address _____

Telephone Number _____

Fax Number _____

Physician's Signature _____ Date _____

SCHOOL SECTION

School _____

Referral Form Received By: _____ Date: _____

Physician's Statement Attached? Yes No Date of Recommended Return _____ / _____ / _____

- 1. Does this student have a disability (Section 504 or Special Education)? Yes No
- 2. Is this student suspected of having a disability? Yes No

** If the answer to question #1 OR #2 is 'Yes', then the student must be referred to the school's Section 504 team or the student's IEP team for any decision related to homebound services, and what services will be provided.*

*** If the answers to question #1 AND #2 are both 'No', then proceed with a determination for homebound services following the TCCS "Homebound Instructional Services Procedures".*

School Contact Person: _____ Position: _____

Email: _____

RECOMMENDED NOT RECOMMENDED
Principal's Signature _____ Date _____

APPROVED DENIED Date of Approval or Denial _____ / _____ / _____
Director of Curriculum and Instruction's Signature _____

DATE OF PLACEMENT _____ / _____ / _____

CLASSES	TEACHER	TEACHER'S EMAIL ADDRESS
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____