

Sevier County Schools
Homebound Medical Form
(To be completed by physician)

STUDENT _____ BIRTHDATE _____ SCHOOL _____

PARENT _____ ADDRESS _____

MEDICAL EVALUATION

TO THE DOCTOR: This student has requested homebound services. Medical information is needed in order to provide this service. If approved for homebound, the student will receive three (3) hours of academic instruction per week.

Diagnosis/Etiology: _____

Treatment/Medication: _____

DATE: Treatment began for this diagnosis: _____ Anticipate ending treatment: _____

Is this child receiving psychological counseling? _____ How often? _____

PLEASE TYPE OR PRINT: Physician's name _____

Address _____

Telephone #: _____

Signature of Physician _____ Date _____
(Please do not use a stamp. We need physician's original signature. The form has to be signed by a M.D. only)

EDUCATIONAL RECOMMENDATION

Please check one of the following which will give this child the **best** educational advantage. Please check only one.

____ 1. This child is physically able to attend classes in a regular school and participate in all activities.

____ 2. This child is physically able to attend classes in a regular school with limitations.

Specify limitations: _____

____ 3. This child need home instruction.

Specify the number of weeks needed for homebound instruction: _____

Return to: Special Education Department
550 Eastgate Road
Sevierville, Tennessee 37862

REVISED 9-00