

·APPLICATION FOR HOMEBOUND INSTRUCTION·

Raleigh County Schools will provide educational services to a student who cannot attend regular school for at least **three consecutive weeks** due to a serious health problem, certified by a licensed physician. **Must be renewed every three months.**

SECTION -STUDENT DATA

Student's Full Name _____ Male _____ Female _____ DOB _____
Home School _____ Grade _____ Date Last Attended _____
Internet Access YES NO Address _____
Parent Name _____ Phone _____ Cell _____
Physician's Name _____ Phone _____ Fax _____

RALEIGH COUNTY SCHOOLS AUTHORIZED CONSENT FOR RELEASE OF INFORMATION

Home-Hospital Instruction, OSE/Alternative Placemnet

I hereby give my consent for the medical records of _____, _____ to be released to:
(Student Name) (DOB)

RALEIGH COUNTY SCHOOLS

Frankie Cappellari

(Coordinator Home-Hospital Services)

105 Adair Street

Beckley, WV 25801

For the purposes of : Home-Hospital Instruction, CSE/Alternative Placement

(Signature of Parent/Guardian)

(Date)

To the Physician: The parent/guardian of the child listed above has requested that Raleigh County Schools provide their child with homebound services. A pupil's regular attendance in the classroom is crucial to optimum learning. Time lost in the classroom is irretrievable in terms of opportunity for instructional interaction. Homebound services are guided by WV State Board of Education Policy 2510. Section 6.2.c.2 specifically lists documents that must be provided and verified by the licensed physician. **As the student's treating physician for the homebound services, Raleigh County Schools is requesting that you certify the student meets all the criteria set forth in the attached section of the state board of education policy 2510.** Please be aware that Raleigh County Schools has the right to request and obtain an opinion from a second health care provider. **Must be renewed with physician statement every three months.**

SECTION II – MEDICAL DATA – TO BE COMPLETED BY PHYSICIAN

It is my professional opinion that is student has an injury, illness, or other health problem that will prevent her/his attendance at regular school for at least three consecutive weeks. The following information is required under West Virginia Board of Education Policy 2510.

Do you certify this student is confined to the home or hospital of at least 3 consecutive weeks or longer? Yes No

(If at any time the student is no longer considered confined to the home or hospital, the homebound service will no longer be valid)

Specify the reasons the student cannot attend school. Diagnosis (Medical or Psychological) – DSM IV Code must be included with the specific reasons(s) why the student must remain on Home/Hospital _____

Specify the conditions under which the student can return to school _____

Expected date of return to regular school _____ (written physician statement must be submitted every three months if a student's temporary instruction is prolonged)

BY SIGNING THIS FORM YOU ARE CERTIFYING THIS STUDENT MEETS ALL OF THE CRITERIA SET FORTH IN THE WV STATE BOARD OF EDUCATION POLICY 2510 SECTION 6.2.c.

Licensed Physician's Name (please print) _____ Address _____

Licensed Physician's Signature _____

(Must be a D.O. or M.D.)

Subject to Subpoena

Date

Licensed Counselor Name (if applicable) _____ Address _____