



# TOMS RIVER REGIONAL SCHOOLS

## HOMEBOUND INSTRUCTION REQUEST FORM

This Homebound Instruction Request Form **MUST** be completed in its entirety in order for homebound instruction to be considered. Any emotional/behavioral/psychological conditions **MUST** be documented by a psychiatrist. Incomplete and/or inaccurate forms will not be accepted and will be returned for correction. The information provided will be recorded and documented.

- NEW REQUEST**  
 **EXTENSION REQUEST\***
                 
  **1<sup>st</sup> Extension\***
                 
  **2<sup>nd</sup> Extension\***
                 
  **Other\***  
 (ALL extensions **MUST** include a physician's program plan for the child's return to school)

|                         |                                     |
|-------------------------|-------------------------------------|
| <b>SCHOOL USE ONLY:</b> | Date submitted to the school: _____ |
|-------------------------|-------------------------------------|

**PART 1. STUDENT INFORMATION.**

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell #: \_\_\_\_\_

**PART 2. ATTENDING PHYSICIAN INFORMATION.** Physician documentation **MUST** be included/attached with diagnosis and expected length of student's absence. Anticipated length of absences may be no more than sixty (60) calendar days.  
 \*All Extensions and Other reasons **MUST** include a program plan for the child's return to school (attach plan, if necessary).

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_

Reason/Diagnosis: \_\_\_\_\_

Contagious:     Yes     No                      Length of Absence: \_\_\_\_\_

\*Return To School Plan: \_\_\_\_\_

|   |                        |
|---|------------------------|
| Physician Signature: _____<br><br>Date: _____ | PHYSICIAN OFFICE STAMP |
|---|------------------------|

**PART 3. SCHOOL USE ONLY**

If student has an **IEP**, this request **MUST** be forwarded to the student's Case Manager in the Child Study Team for review. Upon review, a copy of the student's IEP **MUST** be attached to this request when forwarded to the building administrator for approval.

Yes, student has an IEP

Case Manager/Signature: \_\_\_\_\_

Details: \_\_\_\_\_  
\_\_\_\_\_

If student has a **504 Plan**, details outlining the 504 Plan **MUST** be included and a copy of the 504 Plan **MUST** be attached when forwarded to the building administrator for approval.

Yes, student has a 504

Details: \_\_\_\_\_  
\_\_\_\_\_

If **Administrative Directive**, please give details:

Details: \_\_\_\_\_

**Instruction Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **# Of Hours Per Week:** \_\_\_\_\_

This Homebound Instruction Request Form has been fully reviewed and is being forwarded to our school physician for approval.

School Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 4. SCHOOL PHYSICIAN REVIEW.**

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Homebound Request Approved (forward to Director of Student Services or Director of Special Services (IEP Students))

Homebound Request Denied (forward back to building administrator)

School Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 5. DISTRICT DIRECTOR(S) REVIEW.**

Notes: \_\_\_\_\_  
\_\_\_\_\_

District Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 6. ASSISTANT SUPERINTENDENT REVIEW.**

Notes: \_\_\_\_\_  
\_\_\_\_\_

Asst. Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_