

TOMS RIVER REGIONAL SCHOOLS HOMEBOUND INSTRUCTION REQUEST FORM

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

- New Request
 Extension Request*
 1st Extension* 2nd Extension* Other*

- All extensions must include a physician's program plan for the student's return to school.
- Extension requests must include documentation of appointment with Mental Health Provider.

SCHOOL USE ONLY: Date Submitted To School: _____

PART 1a: STUDENT INFORMATION.

Student Name: _____ School: _____
Student ID #: _____ Grade: _____

PART 1b: PARENT/GUARDIAN RELEASE. By my signature, I authorize the release and exchange of medical information between the health care provider and the school district doctor. My signature provides the health care provider with the authorization necessary to disclose protected health information and records regarding said student as it pertains to the condition for which homebound instruction services are being requested.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

PART 2: ATTENDING PHYSICIAN INFORMATION. Physician documentation **MUST** be included/attached with diagnosis and expected length of student's absence. Anticipated length of absence may **NOT** be more than sixty (60) calendar days. A Return To School Plan must be included for all extensions.

Physician Name: _____

Address: _____

Phone Number: _____ Fax Number: _____ Email: _____

Diagnosis: _____

Contagious: Yes No Length of Absence: _____

Return To School Plan: _____

Physician Signature: _____ Date: _____

Student Name: _____

ID #: _____

PART 3: SCHOOL USE ONLY. Upon signature of building administration, forward to District Physician.

Does Student have an IEP? Yes No

If Yes, attach copy of the first page of the IEP and forward to the student's Case Manager in CST for review.

Case Manager Signature of Review: _____

After Signature of Review, Case Manager should forward request to building administrator for approval.

Does Student have a 504? Yes No

If Yes, attach copy of the first page of the 504 and forward request to building administrator for approval.

Is Homebound Request an Administrative Directive? Yes No

If yes, please provide details and then forward to the appropriate District Director.

Instruction Start Date: _____ End Date: _____ # Hours Per Week: _____

Building Administrator Signature: _____ Date: _____

PART 4: DISTRICT PHYSICIAN REVIEW. Upon signature, forward to appropriate Director.

Homebound Request Approved (forward to Director of Student Services/Director of Special Services)

Homebound Request Denied (forward back to building administration with reason why)

Notes: _____

District Physician Signature: _____ Date: _____

PART 5: DISTRICT DIRECTOR REVIEW. Upon signature, forward to Assistant Superintendent.

Notes: _____

District Director Signature: _____ Date: _____

PART 6: ASSISTANT SUPERINTENDENT REVIEW. Upon signature, forward back to appropriate school.

Notes: _____

Asst. Superintendent Signature: _____ Date: _____

- Return to student's school.