

WESLACO INDEPENDENT SCHOOL DISTRICT
Section 504

DOCTOR VERIFICATION OF NEED FOR HOMEBOUND SERVICES

Student: _____ D.O.B.: _____
ID #: _____ Campus/Grade: _____

PROFESSIONAL EVALUATOR: Licensed physician

Date of physical exam: _____

YES NO Have you recommended a follow-up exam? If YES, when: _____

YES NO This student has been / will be confined to his / her home for a minimum of four consecutive weeks except for visits to the doctor. The period of confinement is expected to last from: _____ to _____

OR

YES NO The student is chronically ill and expected to be confined for a period of time totaling at least four weeks during the school year.

Describe the nature of the condition(s) resulting in the need for homebound services:

If the period of confinement is not expected to be continuous, describe the basis for your expectations that the student will be confined for a period of time totaling at least four weeks during the school year. What circumstances or condition of the student will necessitate confinement (e.g., chemotherapy)?

What are the criteria for the student returning to school? _____

Is the nature of the condition: _____ physical? _____ psychological / psychiatric? _____ combination?

YES NO Does the student have a communicable disease that poses a risk of the homebound teacher becoming infected or carrying it to another student? If YES, describe precautions that should be taken:

YES NO If the condition is psychological / psychiatric, are there services such as counseling or parent training that would facilitate the student's return to the general education campus? If YES, explain:

If the condition is psychological / psychiatric, list recommendations for a reintegration plan including a timeline (e.g. desensitization through gradual reintegration over a six week period).

Is the student physically able to do school work with a homebound teacher?
YES NO

Is the student permitted to participate in any activities outside the home? If YES, explain:
YES NO

If the student has not been totally confined to the home, is the student able to receive any instructional services on a general education campus (e.g., shortened school day)? If YES, explain:

Are there any accommodations that would enable the student to receive his / her instruction on the general education campus (e.g., special transportation, frequent breaks, rest periods, shortened school day)? If YES, please describe:

What medication is the student now taking? _____

What effects, if any, will the medication(s) have on the student's learning (e.g., concentration, attention span, emotional side effects)?

If homebound placement is recommended, please check the following:

This student is unable to function in the school setting, even for a shortened day at this time (or for a period totaling 4 weeks during the school year).
YES NO

I recognize that homebound placement is a very restrictive educational placement that prevents the student from interacting with his / her peers.
YES NO

My recommendation concerning educational placement is based upon my professional medical evaluation of this student's condition.
YES NO

Signature of Licensed Physician

Telephone Number

Physician's Printed / Typed name

Date