



**South Bend Community School Corporation
Special Education Department**

Medical Referral for Homebound Instruction Due to Medical Reasons

Student Name: _____ SBCSC ID#: _____ STN#: _____
Parent/Guardian: _____ Phone: _____ Work: _____
Address: _____ City: _____ Zip: _____
School Attending: _____ Grade: _____ DOB: _____ Sex: _____

TO THE PHYSICIAN: Please answer all questions and sign where indicated.

1. Medical diagnosis of illness/injury: _____
2. Explain why this medical condition prevents student from attending school: _____

3. This student will be unable to attend school for at least _____ school days. (Specify # of days)
4. This student is experiencing emotional problems and out-patient therapy services are being provided.
Yes ___ No ___

Note: Before a student may receive homebound instruction, a physician must evaluate the student and state in writing that the student has an illness or injury that requires medical treatment and extended absence from school for:

1. Absence from school for twenty (20) consecutive school days
2. An aggregate of twenty (20) school days of hospitalization

I have read and answered the above stated questions and this student meets the criteria set forth in these guidelines to receive instruction in the home by a South Bend Community School Corporation certified instructor.

MD Signature	MD Please print name
Address	Phone
	Date

A student's need to continue Homebound Instruction must be confirmed with a new medical referral every 90 school days, or as deemed necessary by the Special Education Department. A parent must provide the school corporation with a written statement from a physician with an unlimited license to practice medicine prior to the student's return to school.

Return form to:

South Bend Community School Corporation Special Education Department
215 S. Dr. Martin Luther King Jr. Blvd, South Bend, IN 46601
Phone: 574.393.6119 Fax: 574.283.8105