

STUDENT NAME: _____

DOB: _____

IV. SCHOOL NURSE USE ONLY

a. _____ Date recommendation received	b. _____ Date verification received	c. _____ Nurse's signature
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V. WTPS PHYSICIAN CONFIRMATION ONLY

Note: This form must be reviewed and returned to the school nurse (via fax or school courier) within three (3) days.

I have reviewed this application and I approve the provision of homebound instruction services.

I have reviewed this application and I **do not** approve the provision of homebound instruction services.

Rationale for denial of services: _____

Signature of Dr. Theodore Koerner

Date

VI. GUIDANCE/TEACHER USE ONLY

Teacher: Please indicate on the chart below, your interest (or non-interest*) and return this form to Guidance before the end of the school day.

*If **NOT INTERESTED**, please submit an outline of all assignments to be completed; include instructional materials (textbooks, workbooks, worksheets, etc.) for the assigned tutor to utilize during the home instruction time period. All materials must be submitted to the **GUIDANCE OFFICE**, as soon as possible. Your cooperation will expedite the home instruction process and is greatly appreciated.

	<u>Teacher Name</u>	<u>Instructional Area</u>	<u>Time Period Requested</u>	<u>Interested</u>	<u>NOT Interested</u>	<u>Instructor/ Service Provider</u>
1	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
6	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
7	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
8	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
9	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

VII. ADMINISTRATIVE USE ONLY

Homebound Service Plan Approved:

Principal

Date

Assistant Superintendent

Date

VIII. RETURN TO SCHOOL

The above named student has been determine medically able to return to school and may return on _____.
(Doctor's release must be given to school nurse). Return Date

School Nurse's Signature

Date

The school nurse must notify the student's Guidance Counselor of the return to school date. In addition, a copy of this form must be sent to the Assistant Superintendent for Student and Special Education Services.