

## **UPDATE FORM FOR CONTINUED HOMEBOUND INSTRUCTION**

*Must be completed every 60 days while student is on homebound. (PhD and MSW will need to be co-signed by a physician.)*

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Your patient has applied for an extension of Homebound Instruction. The program is designed for students with **severe temporary medical or psychological problems or conditions** to provide some instruction while the student is under treatment. This is **not** a substitute for the classroom. **Students are not able to obtain the knowledge in homebound instruction that they would get at school. They may not have enough classes or credits to graduate.** Please be certain your patient requires homebound instruction before you complete this form.

Medical/Psychiatric Diagnoses: \_\_\_\_\_

Surgical Procedure(s): \_\_\_\_\_

Psychological/Psychiatric Counseling: \_\_\_\_\_ **required for Homebound due to Mental Health diagnosis**

Medication(s): \_\_\_\_\_

Current status/disposition of patient: \_\_\_\_\_

Anticipated end date: \_\_\_\_\_

Last office visit (**must be within past 60 days**): \_\_\_\_\_

How frequently do you see the patient? \_\_\_\_\_

Briefly describe treatment plan: \_\_\_\_\_

**Parents are required to provide medical updates every 60 days for homebound, yearly for Operation School.**

Why is your patient **medically/psychologically** unable to have instruction in a regular classroom?

\_\_\_\_\_  
\_\_\_\_\_

Can any reasonable accommodations be made to keep your patient in the classroom?

☐ Yes, \_\_\_\_\_

☐ No, \_\_\_\_\_

Thank you for your time. Please provide medical updates as requested. **Please have parent/guardian sign a medical release of information for your office. Please send the update by fax #315-435-4859 or mail to Health Services.**

Date: \_\_\_\_\_

Provider's Signature\*: \_\_\_\_\_

**Provider's Stamp - Required:** \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

Approved by Medical Director: \_\_\_\_\_