



Physician's Statement – Homebound Instruction (PI-2217)

Student Name _____ Birthday _____

Parent/Guardian
Name and Address _____

INSTRUCTIONS: Attending physician -- Input and recommendation is solicited regarding the development of an appropriate educational program for this child during his/her illness. Please complete this form and mail it to the following address:

(school name) Health Office
(address)
Holmen, WI 54636

I. What is the medical diagnosis and the description of the physical or emotional condition which is expected to require homebound instruction?

II. Is the student able to attend her/his school program?
 Yes No Part-time -- Explain:

III. Is the student able to tolerate an instructional program?
 Yes No *If no, list medical restrictions which may interfere with the educational program.*

IV. Are there any special conditions that the Homebound Instructor should be made aware of?

V. What is the anticipated length of time before the student will be able to return to normal school programming? *(If more than 30 days, a new physician's statement will need to be completed.)*

VI. Where will the student be residing during this time?
 Home Hospital Nursing Home Other, Specify _____

VI. Other comments:

Physician's Name (Print or Type)

Signature of Physician

Address

Date