

**PHYSICIAN'S STATEMENT
OF CHILD'S MEDICAL CONDITION
FOR HOMEBOUND/HOSPITALIZED SERVICES**

DATE: _____

Michigan Administrative Rules for Special Education

Homebound and hospitalized services; R340.176 (a) Homebound services shall be initiated within 15 school days after verification, by a licensed physician, of a medical impairment which requires the eligible special education student to be confined to the home. Such verification shall indicate the anticipated duration of the required confinement.

Purpose of Homebound and Hospitalized Services

Homebound services are designed to help pupils who are unable to attend school part-time due to a medical condition to keep up with their studies and to progress as far as possible given their medical condition. Special education pupils with this service on their individualized education plan (IEP) receive a minimum of two (2) non-consecutive one hour sessions of instruction per week.

Physician

I certify that (student name) _____ has the following medical condition _____, and cannot attend school part time, in either a regular or special education classroom. This condition will be present for approximately _____ weeks.

I would recommend medical reevaluation on _____

Attending Physician (Signature)

Physician Name Printed

Student's Address: _____

Phone Number: _____

School: _____

Dear Parent,

Please have the upper portion of this form completed by your physician. Services will not begin until this statement has been received by this office.

We request that you sign permission for the school district to exchange information with your doctor to support any necessary accommodations.

The student's physician must state that the child will not be able to attend school and that he/she is medically confined to the home/hospital for the student to be eligible for homebound services.

RETURN TO: **Your School District**
 Department Address
 City, State, Zip Code
 Phone: (734) 123-4567
 Fax: (734) 765-4321