

HOMEBOUND REQUIREMENT

TO: _____ DATE: _____

PHYSICIAN STATEMENT

STUDENT'S NAME: _____ SEX: _____ AGE: _____ GRADE: _____
PARENT: _____ ADDRESS: _____
TELEPHONE: _____ SCHOOL: _____ BIRTHDATE: _____

Please complete the form below to help the school system in determining appropriate services for this student.

1. NATURE AND EXTENT OF DISABILITY: _____
2. DATE OF ONSET: _____
3. PROGNOSIS: _____
4. IS THIS CHILD PHYSICALLY OR EMOTIONALLY UNABLE TO ATTEND SCHOOL? _____ ANTICIPATED DURATION: _____
5. WHAT LIMITATIONS ARE RECOMMENDED REGARDING PHYSICAL ACTIVITY? _____
6. ADDITIONAL INFORMATION: _____

PHYSICIAN'S SIGNATURE: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE #: _____
DATE: _____

PLEASE COMPLETE, SIGN, DATE, AND RETURN THIS FORM TO:

Marion County Board of Education
Homebound Services
188 Winchester Drive
Hamilton, AL 35570
Phone # 205-921-3191
Fax # 205-921-7336