

No. 117-AR-F2

NEW CASTLE AREA
SCHOOL DISTRICT

ADMINISTRATIVE
REGULATION

117-AR-F2. PHYSICIAN'S CERTIFICATION FOR HOMEBOUND INSTRUCTION

NEW CASTLE AREA SCHOOL DISTRICT
Office of Pupil Personnel Services
420 Fern Street
New Castle, Pennsylvania 16101
(724) 656-4756

To the attending physician:

If you wish this **student** to have homebound instruction, please complete the entire form and return to us. You may fax this form to us at (724) 656-4760 for your convenience. PLEASE NOTE: Pupil program cannot begin without submission of this form.

Pupil _____ Date of Birth _____

Address _____ Parent/Guardian _____

I find the above-named child to have the following disability: **Pregnancy is NOT a reason to be homebound unless doctor determines complications. Otherwise, child is permitted 6 weeks after delivery.**

Please list due date _____

Diagnosis _____

Description of Disability _____

Prognosis _____

Is the child physically unable to attend his/her regular public school? Yes _____ No _____

Is the child physically able to carry on a homebound instruction program? Yes _____ No _____

Approximate length of time child will be homebound _____
(Maximum 6 weeks. No extensions unless severe case and explicit documentation must be attached by doctor.)

Number of hours of instruction permitted per week (maximum 5 hours) _____

Do you recommend that instruction should be given in any certain position or manner?

Sitting _____ Lying _____ Writing _____ Special _____

Do you wish **student** to be given instruction while hospitalized? Yes _____ No _____

If "Yes" give name of hospital _____

Physician's Signature Only

Date

Phone Number

Physician's Name (Please Print)

Address