



ATTN: \_\_\_\_\_

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

**HOMEBOUND SERVICES: PHYSICIAN'S STATEMENT FORM**

**TO BE COMPLETED BY THE OFFICE OF SCHOOL CULTURE**

The following student has been referred to our office for Homebound Instruction due to having a diagnosis that prevents regular school attendance. They are expected to have an absence that exceeds five consecutive days.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN** (Must be an M.D., D.O., or Certified Physician's Assistant)

If you have any eligibility questions or concerns, please call the Office of School Culture at (517)755-2800.

**Diagnosis:** Please elaborate, if necessary. For example, pregnancy in and of itself, is not a reason that keeps a student from attending school.

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

Please check one:  Student is **able** to attend school.  Student is **unable** to attend school AND is confined to the home.  
*(This is a State of MI requirement for services.)*

I understand that Homebound instruction consists of two 45 minute sessions or two 60 minute sessions per week (for students with special accommodation). Therefore, this service should be short-term, when possible, as it does not replace regular instruction.

Start date of Homebound Services \_\_\_\_\_ End date or Follow-up Evaluation \_\_\_\_\_

Practice Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Physician's Name (Please Print) \_\_\_\_\_

**Please return completed form within three days of receipt by faxing to (517)755-2809.**