



ATTN: _____
DATE: _____
FROM: _____

HOMEBOUND OR REDUCED DAY SERVICES: PHYSICIAN'S STATEMENT FORM

TO BE COMPLETED BY THE FAMILY

The following student has been referred to our office for homebound or reduced day support due to having a diagnosis that prevents regular school attendance. They are expected to have an absence that exceeds five consecutive days or prevents a full day of attendance.

Student Name _____

Date of Birth _____

Address _____

City _____

State _____

Zip _____

Would you like to receive breakfast and lunch each week while your student is on homebound? _____

If yes, any food allergies or restrictions? _____

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 Special Education at (517)755-4000.

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.*)

Student is **unable** to attend a full day of school.
(*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). I understand that reduced day instruction limits the student's access to instruction. 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 _____
(Date can be altered with completion of new form)

Start date of Reduced Day _____ Amount of Day to be Reduced _____
End date or Follow-up Evaluation _____
(Date can be altered with completion of new form)

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)755-1029.