

TAYLOR COUNTY SCHOOLS HOMEBOUND HEALTH PROVIDER FORM

School Year _____

Homebound Services

Jennifer McCarthy, Attendance Director
Phone: (304) 265-2497 Ext. 20 Fax: (304) 265-2508

71 Utt Drive
Grafton, WV 26354

Student's Name _____ Date of Birth _____ School _____ Grade _____

Parent's Name _____ Address _____ Phone Number _____

Homebound is provided to students who miss school for 15 or more consecutive school days due to illness, injury, pregnancy or mental health reasons. Homebound only covers core courses (Math, English, History, Science and Health in the high school.) Homebound students typically receive 2-4 hours of homebound instruction a week.

The WV State Board of Education Policy requires that the following questions are answered before providing any homebound or hospital educational instruction.

All Students Requesting Homebound

Diagnosis: _____ Projected Return to School Date: _____

Reason for requesting homebound: _____

Homebound can be extended by submitting by providing in writing the reason for extending homebound and providing a new projected return to school date.

Pregnant Students

Pregnant students are expected to attend school up until delivery unless there is a medical reason they should be excused.

Students are excused from school post-delivery for 6 weeks and in the event of a C-section 8 weeks. Homebound services are provided during this time.

Expected Date of Delivery _____ Delivery Date: _____

Mental Health

Please provide a copy of the psychiatric evaluation along with a projected treatment plan including plans for transitioning back into the school setting;

Medications: _____ How often seeing the psychiatrist: _____ Therapist: _____

_____ As the licensed health care provider of this student I do not agree that homebound services are necessary for my patient at this time.

Licensed Health Care Provider Psychiatrist Psychologist Therapist (Please Circle One)

Signature

Date

Agency and Address

Phone

Fax