

Morgan County Schools
Department of Special Education
Homebound

Student Name: _____ Birthdate: _____

Parent(s) Name: _____

Address: _____

Home Phone: _____ School Last Attended: _____

This student has been referred for initial or continued special education services. Medical information is needed to plan an individualized educational program. The information will be confidential and used only by persons directly involved with the student. If necessary the school system reserves the right to seek a second medical opinion.

Please Print or Type:

Diagnosis/Etiology: _____

Prognosis: _____

Treatment: _____

Medication: _____

Type: _____ Dosage: _____

Date Examined: _____ Any Physical Limitations: _____

Date Expected to Return to School, if applicable _____

Note: This application will be re-evaluated by the school system on or before: _____

Check one:

- (1) This child is physically able to attend classes in regular school.
- (2) This child is able to attend classes in regular school for an abbreviated day.
- (3) This child is unable to attend classes in regular school, but can receive HOME/HOSPITAL instruction. (If checked, please explain the risk to this child or other children if he/she returns to school at this time. Explain why his/her illness would affect their going to school.) _____

This student meets the criteria to be certified as _____ in accordance with Tennessee Rules, Regulations, and Minimum Standards.

Signature of Physician: _____ Date: _____

Print or Type Name: _____ Phone No. _____

Enclosed is a description of what constitutes a physical or health impairment according to Tennessee Rules, Regulations, and Minimum Standards.

Please return to: Morgan County Schools, Supervisor of Special Education, 136 Flat Fork Road, Wartburg, TN 37887
(423) 346-6214, Fax (423) 346-6043