



Homebound Instruction Department
 Special School District of St. Louis County
 12110 Clayton Road
 Town and Country, MO 63131
 314-989-8307 or 314-222-0212
 Homebound@ssdmo.org FAX 314-989-8410

School personnel should e-mail form to: **Homebound@ssdmo.org**

Homebound Instruction Student Application

Part 4 of 4: Physician and/or Agency Release and Physician's Authorization Form (REQUIRED for Medical Applications)

8. STUDENT AND SCHOOL INFORMATION

This section must be completed by the school or the parent.

Student's Name: _____ SSD #: _____ School: _____
 Parent or Guardian: _____ Birthday: _____ District: _____
 Address: _____ Age: _____ Grade: _____ Gender: _____ School Phone #: _____
 City: _____ State: _____ Zip code: _____ School Fax #: _____
 Home #: _____ Work #: _____ Cell #: _____ E-mail: _____

9. RELEASE OF INFORMATION FOR PHYSICIAN AND/OR AGENCY

This section must be completed by the parent or legal guardian.

This section is required to be completed by the parent/guardian of student, (or the student if the student is over 18 years old,) ONCE per school year, in order to authorize the exchange of information with the PHYSICIAN recommending homebound service for medical or psychological reasons.

Doctor's Name: _____ Doctor's Office: _____
 Address: _____ Type of Doctor: _____
 City: _____ State: _____ Zip: _____ Office #: _____ Fax #: _____

This section is required to be completed by the parent/guardian of student, (or the student if the student is over 18 years old,) ONCE per school year, in order to authorize the exchange of information with a NON-PUBLIC, PRIVATE or OTHER AGENCY.

Agency's Name: _____ Contact Person: _____
 Address: _____ Contact's Role/Title: _____
 City: _____ State: _____ Zip: _____ Office #: _____ Fax #: _____

I hereby give my permission for the Special School District and this student's school and/or district to exchange information which could include the following: student progress reports, multi-disciplinary evaluation report, mental health assessment report, IEP, behavior rating scales, attendance and medical information in verbal and/or written form, with the physician and/or agency listed above, as needed for educational reasons to make determinations regarding homebound services.

Check Parent(s) Print Name: _____ Signature: _____ Date: _____
 one Legal Guardian
 please Adult Student This signature of the parent or legal guardian (or student if 18 years old) authorizes exchange of information as described above.

10. MEDICAL AUTHORIZATION

This section must be completed by a licensed physician.

Per SSD Board Policy IGBG: "The student's medical doctor, doctor of osteopathy, psychiatrist, or psychologist must request the Homebound instruction." Services for mental health reasons require reauthorization every nine weeks.

Student's medical or psychological diagnosis: _____

Does this condition prevent the student from attending a regular full day school schedule? Yes No If yes, please mark one here -> Full time: student will be absent every full day for a set time period noted below Intermittent: student will be absent occasionally for an extended period of time

How long is it anticipated that homebound services will be required and for what reason? _____

If surgery, indicate date: _____ If pregnant, indicate due date: _____ If required, antepartum homebound to begin: _____

Describe the plan for student's re-entry into the regular school environment as soon as possible. Include medically required school supports: _____

Print Physician's Name: _____ Physician's signature _____ Date: _____
 Address: _____ Check degree: M.D. D.O. Psychiatrist Psychologist Other: _____
 City: _____ State: _____ Zip code: _____ Work #: _____ Fax #: _____

Please return this completed form to the student's school. The school personnel will review it and make a determination about the need for homebound services. The school will then submit this document, along with the other application documents to the SSD Homebound Department, who will set up the educational services.

"Special School District will provide homebound instruction for students, who in the judgement of the superintendent or designee, could profit by such instruction and upon approval of the application and determination by district personnel that the student can educationally benefit from such a program." SSD Board Policy IGBG