



Student's Name: _____
Student's D.O.B.: _____
School: _____
Present Grade: _____

Springfield Township School District Application for Homebound Instruction

**INITIAL REQUEST**

***Information and Procedures:***

The School District of Springfield Township may temporarily excuse a student from attendance on account of illness or other urgent reasons and provide that student homebound instruction while he or she is excused from school. Urgent reasons are strictly construed not to permit irregular attendance at school. Homebound instruction is school-supplied one-to-one tutoring for a limited time.

The School District of Springfield Township can approve these requests for no more than a three month period. Following the three month period, every three months thereafter must be approved by the Pennsylvania Department of Education (PDE).

During homebound instruction, attendance must be taken. Documentation of attendance/non-attendance must be submitted every month to the Director of Special Education and Student Services.

A parent/guardian must complete the attached form in order to request homebound instruction.

The treating medical professional (including but not limited to medical doctor, psychologist or psychiatrist) must complete the physician's statement and return to the parent.

Once the parental request form and physician's statement are complete, the school counselor is to review the packet with the family and ensure all forms are completed accurately and appropriately. The counselor is to then complete their recommendation form and submit to the building principal for approval. Once all forms are completed and signed, counselor is to send the packet to the Office of Student Services for final review and approval.

Once approved, the Director of Special Education and Student Services will sign the form and assign a homebound tutor. Attendance for homebound instruction is to be submitted no less than one time per month.

If the homebound services are required beyond the three month period, an approval is required from the PA Department of Education. This will need to be completed with the family, physician and Director of Special Education and a PDE 4675 must be submitted.



Student's Name: _____
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**Parent/Guardian Request Form:**

I hereby apply for special instruction for my child who is now unable to attend school, due to a medical condition which is expected to result in at least a 4 week absence from school.

I realize that this homebound instruction is only temporary in nature. A physician's note accompanies this request.

For requests that extend beyond three months, I understand that additional approval from the PA Department of Education is required and ongoing medical evaluations and documentation will be necessary to continue the homebound educational program.

**Additional information:**

- I understand that if homebound instruction is approved, a parent or parent surrogate (who must be over the age of 18) will be present in the home but not necessarily in the room when instruction is provided.
- Attendance for each session will be taken and constitutes my child's attendance or non-attendance in school during the period in which homebound instruction is approved.
- I will provide to the School District of Springfield Township additional medical documentation as requested and necessary to continue the program
- I agree to meet with the school team to discuss my child's transition back to school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Once complete, parent/guardian to submit form with supporting medical documentation to student's guidance counselor.**

**CC: Student Central File**



Student's Name: _____
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**Physician's Statement**

The School District of Springfield Township may temporarily excuse a student from attendance on account of illness or other urgent reasons and provide that student homebound instruction while he or she is excused from school. Urgent reasons are strictly construed not to permit irregular attendance at school. Homebound instruction is school-supplied one-to-one tutoring for a limited time. A physician's statement must accompany any and all requests. This form serves this purpose.

The School District of Springfield Township can approve these requests for no more than a three month period. Following the three month period, every three months thereafter must be approved by the Pennsylvania Department of Education (PDE). Additional and ongoing documentation of medical need will be required in order to continue home bound instruction.

Physician Name & Contact Number: \_\_\_\_\_

I find the above-named student to have the following medical condition:

Diagnosis: \_\_\_\_\_

Description of how the medical condition prohibits student from attending school:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prognosis: \_\_\_\_\_

1. Student is medically capable of attending the regular public school.

\_\_\_ Yes \_\_\_ No

2. Student is medically capable of participating in a homebound instructional program.

\_\_\_ Yes \_\_\_ No

Approximate length of time student will be homebound: \_\_\_\_\_ weeks (must be at least four weeks but not to exceed three months from the date of the physician's signature).

\_\_\_\_\_

Physician Signature & Date



Student's Name: _____
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**Recommendation of the School Counselor**

Student's Name: \_\_\_\_\_

Student's D.O.B.: \_\_\_\_\_

School: \_\_\_\_\_

Present Grade: \_\_\_\_\_

Description of instructional program required by the child for Homebound (e.g., specific courses or content needs):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the student have an IEP or 504 in place?

\_\_\_ Yes \_\_\_ No

Is there a signed parental request for homebound instruction attached?

\_\_\_ Yes \_\_\_ No

Is there a current signed physician's statement for homebound instruction attached?

\_\_\_ Yes \_\_\_ No

After reviewing the attached documentation, I recommend \_\_\_\_\_ for homebound instruction. I have reviewed the procedures with the family. They are aware that homebound instruction lasting more than three months requires approval from the PA Department of Education and have agreed to provide additional medical documentation as needed in order to make such a request.

\_\_\_\_\_

Guidance Counselor's Signature & Date

\_\_\_\_\_

Building Principal Signature & Date

**CC: Student Central File**



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**Administrative Review and Approval Form**

Does the student have an IEP or 504 in place?

\_\_\_ Yes \_\_\_ No

Is there a signed parental request for homebound instruction attached?

\_\_\_ Yes \_\_\_ No

Is there a current signed physician's statement for homebound instruction attached?

\_\_\_ Yes \_\_\_ No

Is there a signed guidance counselor recommendation for homebound instruction attached?

\_\_\_ Yes \_\_\_ No

Has the building principal reviewed the request for homebound instruction and signed the form?

\_\_\_ Yes \_\_\_ No

After reviewing the attached documentation, I recommend \_\_\_\_\_ for homebound instruction.

\_\_\_\_\_  
Director of Special Education & Student Services and Date

Initial Start Date: \_\_\_\_\_

Anticipated Ending Date: \_\_\_\_\_

Extension Date: _____
PDE 4675 Submitted On: _____
PDE 4675 Approved: ___ Yes ___ No

**CC: Student Central File**