Ridgway Area School District

REQUEST FOR HOMEBOUND INSTRUCTION

What is the Purpose of the Form?

The first two forms are to be used by a parent/guardian who wishes to request homebound instruction for their child.

Who Should File the Form?

The parent or guardian must have the physician's portion of the Request for Homebound Instruction form filled out and must file the form with the appropriate school office. Accompanying this form must be the signed and dated "Written Authorization" form. **Note**: *The student must also sign and date this form if 14 years of age or older.* The school office must complete the bottom half of the form and submit to the Superintendent's Office.

When Should the Form be Filed?

The above-mentioned forms must be filed prior to the initiation of homebound instruction. A new Request for Homebound Instruction form must be completed every 30 days for extended illnesses. The "Written Authorization" form is valid for a period of one year.

Special Notes:

The physician's office must accurately complete the top half of the Request for Homebound Instruction form. There must be a complete diagnosis and the duration must be noted. Principals should consult policy 117 before filing this form.

When a parent or guardian of a **student with a disability** presents the completed "Request for Homebound Instruction" form to the district, the appropriate building office must also complete the form "Homebound Instruction/Instruction Conducted in the Home Reporting Form for Special Education Students." Both completed forms must be faxed or emailed to the Department of Education as indicated.

Revised: January 2005

Clear Data from Form

RASD REQUEST FOR HOMEBOUND INSTRUCTION RASD

RIDGWAY AREA SCHOOL DISTRICT
RIDGWAY, PA

TEL. # 814-773-3146 **FAX 814-776-4299**

TO BE COMPLETED BY PHYSICIAN

Name of Student _____ **Date** _____

Nature or cause preventing school attendance _____

_____

Homebound should begin _____ **probable duration** _____
(In case of extended illness the patient's condition must be verified at the end of every 30 calendar days)

Signature of Attending Physician _____

Please print Physician's Name _____

Address _____

Telephone Number ( )_____

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TO BE COMPLETED BY SCHOOL DISTRICT	TO BE COMPLETED BY HOMEBOUND INSTRUCTOR
Name of Student _____	**Name of Teacher** _____
Date of Birth _____ **Grade** _____	**Certification** _____
Parent's Name _____	**Subjects to be taught** _____
Address _____	_____
_____	**Hours per week (Max. 5 hrs)** _____
Telephone No. _____	**Date Started** _____
School (Elem)_____ **(MS)**_____ **(HS)**_____	**Estimated completion date** _____
Homeroom # _____	**Comments:** _____
Homeroom Teacher _____	_____
_____	_____
Signature of Building Principal	**Signature of Teacher** **It is the responsibility of the homebound teacher to notify the building office of completion of homebound**

Clear Data From Form

RASD **RIDGWAY AREA SCHOOL DISTRICT** RASD
P. O. BOX 447
RIDGWAY, PA 15853

***IMPORTANT*: *Send information to the attention of the office selected below using the above mailing address*:**

☐ **ELEMENTARY OFFICE**
TEL: 814/776-2176
FAX: 814/776-4247

☐ **MIDDLE SCHOOL OFFICE**
TEL: 814/776-4200
FAX: 814/776-4239

☐ **HIGH SCHOOL OFFICE**
TEL: 814/773-3164
FAX: 814/773-3115

☐ **OFFICE OF STUDENT SERVICES**
TEL: 814/776-4255
FAX: 814/776-4298

WRITTEN AUTHORIZATION TO REQUEST / RELEASE STUDENT RECORDS

TO: _____ **DATE OF REQUEST:** _____

_____

_____

RE: _____ **STUDENT DOB:** _____

Request / Release to an Agency

The following information is requested / released in order to: BETTER UNDERSTAND THE STUDENT'S MEDICAL CONDITION AND HOW IT MAY IMPACT ACCESS TO THE EDUCATION PROGRAM

- ☐ Psychiatric Reports (May include PHI*)
- ☐ Psychological Reports (May include PHI*)
- ☑ Medical Treatment / History (May include PHI*)
- ☐ Social Casework Reports (May include PHI*)
- ☐ Counseling / Therapy Records (May include PHI*)
- ☐ Intake Data & Social History (May include PHI*)
- ☐ Individual Service/Treatment Plan (May include PHI*)
- ☐ Other: _____

- ☑ Progress Notes (May include PHI*)
- ☐ Academic Records
- ☐ Special Education Records (May include PHI*)
- ☐ Probation (May include PHI*)
- ☑ Discharge Summary (May include PHI*)
- ☑ Recommendations (May include PHI*)
- ☑ Exchange of Verbal Information (May include PHI*)

***PHI – Protected Health Information**

I/We understand the following:

- The designated information will be exchanged with the understanding that absolute confidentiality will be maintained.
- Photocopies of this authorization shall be considered valid.
- This written authorization shall expire one year from the date signed.
- This written authorization may be revoked at any time by notifying, in writing, the Privacy Officer in the Office of Student Services at the above address.
- The identified agency and its staff/employees have no responsibility or liability as a result of any re-disclosure.
- I/We am entitled to a copy of this Written Authorization form.

_____ _____
SIGNATURE OF PARENT/GUARDIAN DATE OF SIGNATURE

_____ _____
SIGNATURE OF STUDENT* DATE OF SIGNATURE
**If s/he is age fourteen (14) or will be age fourteen (14) during the duration of this release.*

Thank you for your assistance and timely attention to this request. Please send records to the attention of _____ at the office specified above.