

To: Parents, Staff, and Medical Providers
From: Dr. Jennifer Pearson, Director of Special Education
Re: Homebound Instruction Forms
Date: January 31, 2020

The district has been reviewing homebound practices and forms. As a part of the homebound request process a written statement by the treating physician must be completed. Attached is the revised district medical certification form.

If you require any additional information, please do not hesitate to contact me. I can be reached directly at 847-486-4708 or via email at jpearson@glenbrook225.org.



HOME/HOSPITAL MEDICAL CERTIFICATION

Name of Student: _____ ID#: _____ DOB: _____

Names of Parent(s)/Guardian(s): _____

TO BE COMPLETED BY PHYSICIAN

Medical statement must be recertified by the treating health care provider every six (6) weeks

Please check one of the following:

- Three checkboxes with corresponding text and comment lines for student eligibility, school attendance with modifications, and home/hospital instruction requirements.

Medical Diagnosis: _____

Specific reason(s) why the student is unable to attend school at this time: _____

Impact on the student's ability to participate in education (i.e. the student's physical and mental level of tolerance for receiving educational services): _____

How long have you been seeing the patient for the diagnosis listed: _____

Will you be following the student: [] yes [] no If not, who will? _____

What is the treatment plan for the student: _____

Approximate length of time the student will require Home/Hospital Instruction: _____ (days or weeks, not to exceed 6 weeks)

Anticipated date of return to school: (specific date must be indicated): _____

CERTIFICATION: I certify that this student is under my care and treatment for the aforementioned illness. This certifies that this treatment plan is medically necessary. It MUST be completed by the treating physician, psychiatrist, physician assistant or advanced practice registered nurse.

Health Care Provider's Name (print) _____ License #: _____

Hospital/Clinic/Practice: _____ Phone: _____

Health Care Provider's Signature: _____ Date: _____

Form must be sent directly from the Health Care Provider to:

Laura Albeker, Home/Hospital Coordinator
Glenbrook South High School
Email: lalbeker@glenbrook225.org
Phone: 847-486-4536
Fax: 847-901-6793

Jen Rudy, Home/Hospital Coordinator
Glenbrook North High School
Email: jrudy@glenbrook225.org
Phone: 847-509-2531
Fax: 847-509-2603