

Corry Area School District

Homebound Instruction Application



Student's Name : _____
School: _____ Date of Birth _____ Grade: _____
Home Address : _____

Homebound Instruction is a temporary tutorial program designed to prevent a student confined to home or hospital from falling too far behind in their school work. This optional service is typically provided for students who are expected to miss more than two continuous weeks of school due to a medically diagnosed physical, mental condition or other urgent reasons.

Homebound Instruction is not to exceed ninety (90) calendar days. Certain circumstances could require additional instructional time. All requests for Homebound Instruction beyond 90 calendar days requires the approval of the Pennsylvania Department of Education (PDE) using form PDE4675. The date of the doctor's reevaluation should be within two weeks of the continuation date in order to obtain an extension approval from PDE.

INSTRUCTION TO THE PARENT

It is the parent's responsibility to obtain the physician's recommendation for Homebound Instruction. Please have your child's physician complete and sign the section below. Your signature is also required to indicate your approval. At no time are teachers to be alone in the home with the student. There **MUST** be another adult present. The signed form must be returned to the building principal or designated contact person in the school.

Parent/Guardian Signature: _____ Date: _____

PHYSICIAN'S RECOMMENDATION

Please complete the section below regarding this child's need for Homebound Instruction.

Medical Diagnosis: _____

Date that student can begin Homebound Instruction: _____

The student will be allowed to have a maximum of five (5) hours per week of instruction for a full day. A half day of home is a maximum of two and a half (2.5) hours per week of instruction. Homebound Instruction ***Cannot exceed 90 calendar days from the date the physician signs the form.***

Print Physician's Name: _____ Physician's Signature: _____ Date: _____

TO BE COMPLETED BY BUILDING PRINCIPAL

Date instruction to begin: _____

Does this student have an IEP? Yes No Does this student have a GIEP? Yes No

Dates of Homebound Education ***Cannot exceed 90 calendar days from the date the physician signs this form***

Instructor's Name: _____

Principal's Signature: _____ Date: _____

Approved by: _____ Date: _____

CASD Director