



Request for Homebound Instruction

Student's Name _____ Date of Birth _____ Male Female

Parent / Guardian _____ Telephone _____

Address _____ City _____ Zip _____

School _____ Grade _____

School Contact Person _____ Date of Request _____

511 IAC 7-42-12 Instruction for students with injuries and temporary or chronic illnesses

Sec. 12. (a) All students with injuries and temporary or chronic illnesses that preclude their attendance in school shall be provided with instruction.

(b) Before instruction for a student unable to attend school can begin, the parent must provide the school corporation with a written statement from a physician with an unlimited license to practice medicine, (which includes osteopathy), or a Christian Science practitioner, that states one (1) of the following:

(1) The student has a temporary illness or injury that will require the student's absence from school for a minimum of twenty (20) consecutive instructional days. If the illness or injury occurs less than twenty (20) instructional days prior to the end of the school year and the student needs instruction to meet promotion or graduation requirements, the physician's statement must indicate that the student will be unable to attend school through the end of the current school year.

(2) The student has a chronic illness or other medical condition that will require the student's absence for an aggregate of at least twenty (20) instructional days over the period of the school year.

(c) For a student with a disability who is unable to attend school as described in subsection (b), special education and related services, including access to the general education curriculum, shall be provided in accordance with the individualized education program as determined by the case conference committee.

(d) Instruction provided under this rule may continue through the summer to enable a student to complete a semester to meet promotion requirements.

(e) For a student identified as disabled under this article, instruction and related services shall be provided by appropriately licensed personnel. For all other students, instruction shall be provided by teachers licensed to teach the grade level of the student.

(f) The due process procedures provided in 511 IAC 7-45 do not apply to nondisabled students who receive instruction under this rule.

STUDENT _____

******To be completed by Physician**

Please describe the temporary illness or injury that will require this student to be absent

from school: _____

Will the student be absent from school for at least 20 consecutive instructional days? Yes No

Will the student be absent from school for an aggregate of at least 20 instructional days? Yes No

Anticipated date the Students may return to school: _____

Physician's printed name _____

Physician's signature _____ Date _____

Physician's Address _____

Telephone _____

******To be completed by the School**

Name of Homebound Teacher _____

(Please attach a copy of this teacher's current teaching license)

Short narrative describing the homebound instructional program:

Please mail or fax completed information to the Administration Office

**611 Berkley Street
Plymouth, IN 46563
(574) 936-3115
(574) 936-3160 (fax)**