

**LA PRYOR INDEPENDENT SCHOOL DISTRICT
CEHI**

Homebound Request Form

Student's Name _____ DOB _____ Age _____

School Attending _____ Grade _____ SS# _____

Parent(s) Name _____

Address _____ Phone _____

**** To the Physician: Homebound is an instructional arrangement for providing instruction to eligible students who are served at home or hospital bedside.**

* Describe the medical problem meriting homebound services: _____

* How long do you expect the present medical need of student to warrant homebound services _____

Is the student presently in the hospital _____ Length of confinement _____

What are your recommendations for the amount to restricted activity in the home or hospital for the teacher to observe in the teaching program _____

Date able to receive instruction from the homebound teacher _____

Physician's Signature _____

Physician's Name (print) _____

Address _____

La Pryor Independent School District
Pregnancy Related Services

Doctors Note for Confinement

Student Name: _____

Period of Occurrence (please circle one): Prenatal or Postnatal

Statement of the *Medical Necessity for Prenatal Confinement* (medical diagnosis and conditions in accordance to the International Classification of Diseases [ICD]):

Length of Confinement: _____

Statement explaining how the student can be better served or the condition ameliorated by placing the student in CEHI *and/or* an explanation of the medical risk(s) that attending school presents to the student *and/or* undelivered baby.

Doctor's Signature

Date

* The information requested in this form is in accordance with the Texas Education Agency, Student Attendance Accounting Handbook, Section IX, Pregnancy Related Services.