



**PHYSICIAN'S STATEMENT
OF CHILD'S MEDICAL CONDITION
FOR HOMEBOUND SERVICES**

DATE: _____

I certify that (student name) _____ has the following medical condition _____, and cannot attend school in either a regular or special education classroom. This condition will be present for approximately _____ weeks. The medical condition does not restrict him/her from receiving home teaching, subject to the following limitations:

Regular education students will receive a minimum of two (2) non-consecutive 45 minute sessions of instruction per week. Special education pupils with this service on their individualized education plan (IEP) receive a minimum of two (2) non-consecutive one hour sessions of instruction per week.

I would recommend medical reevaluation on _____

Attending Physician (Signature)

Physician Name Printed

Student's Address: _____

Phone Number: _____

School: _____

Dear Parent,
Please have the upper portion of this form completed by your physician. Services will not begin until this statement has been received by this office.

The student's physician must state that the child will not be able to attend school for the student to be eligible for homebound services.

RETURN TO: Waterford School District
 Student Support Services
 5195 Pontiac Lake Road
 Waterford, Michigan 48327
 Phone: (248) 682-3242
 Fax: (248) 682-6467