THE SCHOOL DISTRICT OF PHILADELPHIA OFFICE OF SPECIALIZED SERVICES

SCHOOL HEALTH SERVICES

440 N. BROAD STREET - 2ND FLOOR, PHILADELPHIA, PA 19130

HOMEBOUND INSTRUCTION

	Date	
Dear Parent/Guardian:		
Homebound Instruction is designed to fullfil the eschool in a regular classroom setting because of must submit a physician's referral for homeboung period of four (4) weeks or longer.	a temporary or permanent illness or o	disability. Parent/Guardian
To apply for homebound instruction, parent/guard pleted, signed by the student's physician and retraccepted by the District if it does not explain the medical information, however, withholding medic	urned to the school nurse. The physic student's absence. Parent/Guardian	ian's referral may not be has the right to withhold
The Pennsylvania Department of Education requiversity of the properties of the prope	ire homebound instruction for more erral before the initial application e	e than three (3) months, xpires. If a new physician's
The success of homebound instruction and the pinvolving your child, the homebound teacher and is approved, parent/guardian must adhere to the	parent/guardian. Once the application	
 Provide a clean, quiet, well-lit room with co A responsible adult must be present in the The student must be appropriately dressed Must allow the teacher and student to work children during instructional and study time Notify the teacher by 8:30 AM if the studen suffering from a contagious illness. Sign the teacher's time sheet at the end of Arrange doctor appointments, therapy, etc. Failure to comply with the above conditions 	home for the entire period of homebood, and ready for instruction upon arrival without distractions such as TV, radio e. It is too ill to be taught or if any other period. The each instructional period. The so they do not conflict with scheduled.	al of the homebound teacher. o, pets and other young ersons in the home are d instruction when possible.
STUDENT'S NAME:	SCHOOL:	GRADE:
I have read and agree to the conditions for Homeb environment to ensure maximum learning potentia		de a satisfactory teaching

- One (1) copy to Parent/Guardian
- One (1) copy to be kept in the homebound student's file at school

DATE

TELEPHONE NUMBER

• One (1) copy to the Homebound teacher

SIGNATURE OF PARENT/GUARDIAN

ADDRESS