

Return To:
Blount County Schools
Amanda Vance
831 Grandview Drive
Maryville, TN 37803

Homebound Request
Blount County Schools

Phone (865) 984-1212
Fax (865) 980-1003

Name _____ Date Of Birth _____ Sex _____ Race _____
School Student Would Attend _____ Grade _____
Parent Or Guardian _____ Address _____
Phone/Cell Number _____ Work/Other Number _____
I give the school system permission to communicate with the attending physician.
Signature of Parent/Guardian _____

Medical Report is to be completed by the physician.

Diagnosis _____ Physical Limitations _____
Medical Treatment _____
Prognosis _____

*No student can be assigned to the homebound program with a diagnosis of "Emotional/ Behavioral Disorder" etc., unless that student is under the care of a Mental Health Professional.

Please check yes or no for the following questions.

Student is physically able to attend classes in a regular school. Yes ___ No ___
Student is physically able to attend a special class. Yes ___ No ___
Student is physically able to receive home instruction. Yes ___ No ___
Has a school transition plan been developed with the family Yes ___ No ___
Describe School Transition Plan _____

Student will be expected to return to school on the following date (be specific) _____
Date Student is expected to follow up with the doctor to review condition _____
Any physical limitation when student returns to school. _____

The above medical information is requested to insure an effective education program. This is a Confidential report and will be used only by those directly serving the student's educational needs.

Print Physician's Name _____ Office Address _____
Physician's Signature _____ Office Phone Number _____
Date of Examination _____

For Central Office Use Only

Services to be provided _____
Name of teacher _____ Date instruction began _____
Date instruction ended _____
Supervisor Signature _____

Return To:
Blount County Schools
831 Grandview Drive
Maryville, TN 37803
Attention: Amanda Vance

**Blount County Schools
Homebound Request
For Pregnant Students**

Phone (865) 984-1212
Fax (865) 980-1003

Name _____ Date Of Birth _____ Race _____
School Student Would Attend _____ Grade _____
Parent Or Guardian _____ Address _____
Phone/Cell Number _____ Work/Other Number _____
I give the school system permission to communicate with the attending physician.
Signature or Parent/Guardian _____

Medical Report is to be completed by the physician

Diagnosis _____ Physical Limitations _____
Medical Treatment _____
Prognosis _____
*Please specify the six-week period for which the student should be eligible for homebound
Instruction. _____

*If homebound instruction is recommended for longer than the six-week period, physician must certify in writing health complications arising from the pregnancy that necessitate a longer absence from regular classes. Recertification must be obtained every two (2) weeks for the program of homebound instruction to continue beyond the six-week program.

The above medical information is given to ensure the planning of a more effective education program for the student. This is a confidential report and shall be used only by those directly serving the student's educational needs.

Print Physician's Name

Office Address

Physician's Signature

Office Phone Number

Central Office Use Only

Services to be provided _____
Name of teacher _____ Date instruction begins _____

Date instruction ends _____
Supervisor Signature _____

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Physician Certification

TCA Section 41-10-1101-1104 provides for homebound instruction for pregnancy students. Under this law, each pregnant student is entitled to three (3) hours of homebound instruction per week throughout a six-week period of maternity leave. If the student's physician certifies in writing that the student's medical condition prevents the student from returning to regular classes, they can continue to receive three hours of homebound instruction per week.

Please complete the following information:

Student Name _____
School Student Attends _____ Grade _____

Medical Certification

Expected Date of Delivery _____

Homebound Services to Be Rendered: Please check the most appropriate choice.

_____ Prior to delivery – List medical conditions (update every 4 weeks)

_____ 6 week period beginning with deliver

_____ Beyond 6 week maternity period – List medical conditions (update every 4 weeks)

Symptoms common to pregnancy include back pain, fatigue, nausea and vomiting. These are not considered complications unless hospitalization or total bed rest is prescribed. For the purpose of pregnancy related homebound, complications should be documented with a diagnosis code. Examples of complicated pregnancy include, but are not limited to gestational diabetes, eclampsia, placenta tear, and complications requiring hospitalization, ect.

Physicians name, address and phone number _____

Physician's Signature _____ Date of Exam _____