

OCEAN SPRINGS SCHOOL DISTRICT
PHYSICIAN'S STATEMENT: HOMEBOUND INSTRUCTION

This is to certify that, because of * physical or-psychological problems, _____
is expected to be confined to: a hospital, other care facility, and/or a home for a period
of _____ beginning _____. Instructional services in this setting
may begin on _____ and will be reviewed in 30 days.

The following precautions need to be taken in working with the student: _____

The following activities should be encouraged in working with this student: _____

The following should be known regarding this student's particular disability and/or medication
as related to his/her behavior an/or learning ability: _____

Is this a communicable disease? YES NO

The physician desires consultation with the teacher(s) who will tutor the student in the
homebound program: YES NO

* Diagnostic documentation must be attached.

DATE: _____

Treating Physician's Signature