

KELLER INDEPENDENT SCHOOL DISTRICT
350 Keller Parkway – Keller, TX 76248

HOMEBOUND NEEDS ASSESSMENT
Professional Evaluation: Licensed Physician

Student
Name: _____ D.O.B. _____ Age: _____ Sex: _____

School: _____ Grade: _____ Teacher: _____

Parents: _____ Home Phone: _____

Work Phone: _____ Address: _____ Zip: _____

Date of Physical Exam: _____

Have you recommended a follow-up exam? _____ When? _____

The student has been confined to his/her home for a minimum of four consecutive weeks except for visits to the doctor. Yes _____ No _____

The student has a chronic illness that will necessitate confinement at home for a minimum of four cumulative weeks throughout the year.

The period of confinement is expected to last from _____ to _____.

Describe the nature of the condition resulting in the need for homebound:

Is the nature of the condition ____ physical? ____ psychological/psychiatric? ____ combination?

Is the disease communicable? _____

Is there a possibility of the homebound teacher becoming infected by this disease or carrying it to another student if assigned at the same time? _____

If the condition is psychological/psychiatric, are there services such as counseling or parent training that would facilitate the student's return to the regular campus? Yes ____ No ____

If yes, explain:

If the condition is psychological/psychiatric, list recommendations for a reintegration plan including a time line (e.g. desensitization through gradual reintegration over a six week period)?

Is the student now physically able to do school work with a homebound teacher? _____

Is the student permitted to participate in any activities outside the home? Yes _____ No _____

If yes, explain:

If the student has not been totally confined to the home, is the student able to receive any instructional services on a regular campus (e.g. shortened school day)? Yes _____ No _____

If yes, explain:

Are there any modifications or related services that would enable the student to receive his/her instruction on the regular campus (e.g. special transportation, frequent breaks, shortened school day)? Yes _____ No _____ If yes, please describe:

What medication(s) is the student now taking? _____

What effects, if any, will the medications have on the student's learning (e.g. concentration, attention span, emotional side effects)? _____

If homebound placement is recommended, please check the following:

Yes No
____ ____

This student is unable to function in the school setting, even for a shortened day at this time.

____ ____

I recognize that homebound placement is a very restrictive educational placement that prevents the student from interacting with his/her peers.

Yes No

My recommendation concerning educational placement is based on my professional medical assessment of this student's condition.

Licensed Physician's Signature

Telephone Number

Physician's Printed/Typed Name

Date