



Scottsdale Unified School District Homebound Application
STUDENT/PARENT/GUARDIAN INFORMATION

Homebound services are provided to SUSD students who cannot attend school due to an acute illness, disease, accident or other health condition. All students referred to and applying for Homebound Services must first be found eligible for the program. The student must be examined by a competent medical doctor (D.O. or M.D. certification) who certifies that the student is unable to attend regular classes for a period of at least 60 school days (3 months).

Student: _____

School: _____

Parents/Guardians: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Parent Signature and Date: _____

Homebound will contact the treating physician on a regular basis to ensure the need of homebound services. The treating physician and medical documentation must be current and up to date or services will be discontinued until proper paperwork is submitted. Services expire the last day of the current school semester. If continuation of homebound services is requested, an updated application must be submitted and approved. Please submit parent and doctor sections to:

Tiffany Maxwell
Homebound Coordinator
Scottsdale Unified School District
8500 E. Jackrabbit Road, Scottsdale, AZ 85250
tel (480) 484-5037 fax (480) 484-5104 email: tmaxwell@susd.org



Scottsdale Unified School District Homebound Application
PARENT AUTHORIZATION FOR RELEASE OF INFORMATION

I, Parent or legal guardian of _____,
give my consent for the exchange of relevant medical, educational, and therapeutic
information between Homebound Coordinator and the following treating physician:

Physician: _____

Address: _____

Work Phone: _____

This information is for confidential use of school personnel who are directly connected with my child. It is understood by all parties that all information will be maintained in a confidential manner as prescribed in the Family Educational Rights and Privacy Act (FERPA), and disclosures to third parties will only be made with my written consent.

Parent/Legal Guardian Signature

Date

Tiffany Maxwell
Homebound Coordinator
Student Support Services
Scottsdale Unified School District
8500 E. Jackrabbit Road, Scottsdale, AZ 85250
tel (480) 484-5037 fax (480) 484-5104 email: tmaxwell@susd.org



**Scottsdale Unified School District Homebound Application
MEDICAL CERTIFICATION FOR HOMEBOUND EDUCATIONAL SERVICES**

TO BE COMPLETED BY TREATING PHYSICIAN ONLY:

Treating Physician: _____

Address: _____

Phone: _____

ARS 15-901(B) (14) Definition: "Homebound" or "hospitalized" means a pupil who is capable of profiting from academic instruction but is unable to attend school due to illness, disease, accident or other health conditions, who has been examined by a competent medical doctor and who is certified by that doctor as being unable to attend regular classes for a period of not less than three school months or a pupil who is capable of profiting from academic instruction but is unable to attend school regularly due to chronic or acute health problems, who has been examined by a competent medical doctor and who is certified by that doctor as being unable to attend regular classes for intermittent periods of time totaling three school months during a school year. The medical certification shall state the general medical condition, such as illness, disease or chronic health condition that is the reason that the pupil is unable to attend school. Homebound or hospitalized includes a student who is unable to attend school for a period of less than three months due to a pregnancy if a competent medical doctor, after an examination, certifies that the student is unable to attend regular classes due to risk to the pregnancy or to the student's health.

Student's medical diagnosis:

On what date did you first examine this patient for this illness? _____

The last time I treated this student was on? (Must be within 30 days of submitted application) _____

How many times has the student been treated for this illness within the past year? _____

How does this diagnosis prevent the student from attending school for at least 3 months (60 school days)?

Is the above diagnosis a chronic illness? If yes, please explain.



Scottsdale Unified School District Homebound Application
MEDICAL CERTIFICATION FOR HOMEBOUND EDUCATIONAL SERVICES

Describe anticipated surgeries, treatment, or hospitalizations that may affect attendance:

Describe any medications you have prescribed for this illness:

Describe the student's medical prognosis:

I anticipate the student returning to school by: _____

Please include or attach any further information or reports you feel would be helpful in the evaluation of this request for homebound education.

Physician's Signature: _____

Date: _____

By signature of this letter, you are certifying you have personally examined the referenced student and have made the diagnosis and prognosis outlined above and that these are your professional medical opinions regarding the treatment of this patient and certify because of the diagnosis the patient is unable to attend regular classes for 3 months.

Tiffany Maxwell

Homebound Coordinator

Student Support Services

Scottsdale Unified School District

8500 E. Jackrabbit Road, Scottsdale, AZ 85250

tel (480) 484-5037 fax (480) 484-5104 email: tmaxwell@susd.org