

THE SCHOOL DISTRICT OF PHILADELPHIA  
SCHOOL HEALTH SERVICES

**REPORT OF HOMEBOUND INSTRUCTION / INSTRUCTION CONDUCTED IN THE HOME**

**REGULAR EDUCATION**

<<< CHECK ONE >>>

**SPECIAL EDUCATION**

|   |                      |                               |               |
|---|----------------------|-------------------------------|---------------|
| Student's Last Name                           | Student's First Name | Student I.D.                  | Date of Birth |
| School  | School Nurse         | School Telephone No.<br>(215) |               |
| Intermediate Unit<br><b>Philadelphia (26)</b> |                      | Learning Network              |               |

**Please indicate type of service:**

Homebound Instruction: A temporary and time limited program for certified medical reasons due to  
 Acute condition     Chronic condition

Intermittent Instruction

Instruction Conducted in the Home: An alternative educational placement determined by the IEP Team via NOREP process.

Initial Report     Follow-up Report - When did the student return to school? (Date) \_\_\_\_\_

Date of next recertification \_\_\_\_\_

|                      |  |
|----------------------|--|
| Date Placement Began | Anticipated Length of Placement (Date) |
|----------------------|--|

**If the student has an IEP, what is the Primary Educational Disability?:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Autism                | <input type="checkbox"/> Hearing Impairment Including Deafness | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Deaf Blindness        | <input type="checkbox"/> Speech or Language Impairment         | <input type="checkbox"/> Emotional Disturbance        |
| <input type="checkbox"/> Mental Retardation    | <input type="checkbox"/> Visual Impairment Including Blindness | <input type="checkbox"/> Traumatic Brain Injury       |
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Orthopedic Impairment                 | <input type="checkbox"/> Other Health Impairment      |
- \_\_\_\_\_

Why is the student receiving Homebound or Instruction Conducted in the Home?

*Physician's Referral Attached*

**RETURN COMPLETED FORM TO:**    School Health Services  
440 N. Broad Street - Suite 206  
Philadelphia, PA 19130  
Email form to [homeboundrequest@philasd.org](mailto:homeboundrequest@philasd.org)  
If email not available, fax to 215 400-4173