### Report of Homebound Instruction / Instruction Conducted in the Home

**THE SCHOOL DISTRICT OF PHILADELPHIA**  
**SCHOOL HEALTH SERVICES**  
**REPORT OF HOMEBOUND INSTRUCTION / INSTRUCTION CONDUCTED IN THE HOME**

- **Regular Education**  
- **Special Education**  
- **Check One**  

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
<th>Student’s First Name</th>
<th>Student I.D.</th>
<th>Date of Birth</th>
</tr>
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<table>
<thead>
<tr>
<th>School</th>
<th>School Nurse</th>
<th>School Telephone No.</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>(215)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Intermediate Unit</th>
<th>Learning Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philadelphia (26)</td>
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</tbody>
</table>

**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 ______________

<table>
<thead>
<tr>
<th>Date Placement Began</th>
<th>Anticipated Length of Placement (Date)</th>
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**If the student has an IEP, what is the Primary Educational Disability?:**

- [ ] Autism
- [ ] Deaf Blindness
- [ ] Mental Retardation
- [ ] Multiple Disabilities
- [ ] Hearing Impairment Including Deafness
- [ ] Speech or Language Impairment
- [ ] Visual Impairment Including Blindness
- [ ] Orthopedic Impairment
- [ ] Specific Learning Disability
- [ ] Emotional Disturbance
- [ ] Traumatic Brain Injury
- [ ] 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  
If email not available, fax to 215 400-4173