

Instructions for Hospital/Homebound Physician's Referral (9300-ESE-080)

The determination of eligibility for Hospital/Homebound services is done in accordance with State Board of Education Rule 6A-6.03020. The following instructions are provided to assist in completing the Physician's Referral form so that all eligibility criteria are addressed.

SECTION 1:

- Complete demographics.
- Check the box which indicates whether or not pregnancy is the primary reason for referral. Note: Pregnancy, in and of itself, does not meet criteria for Hospital/Homebound services. Pregnant teens may be eligible for services from their school however. Please complete this portion carefully.

SECTION 2:

- Write the description of Medical Condition/Diagnosis.
- Answer **all** yes/no questions and initial answers.

SECTION 3:

- Answer the yes/no question regarding placing the student in the most restrictive setting. The definition of homebound means that the student can not attend school and is restricted to his/her home or hospital. Students who continue to participate in activities such as athletics or social gatherings **DO NOT** meet this definition.
- Please list prescribed medications and any pertinent side effects that may affect academic or behavioral performance.
- Describe plan of treatment and how that may affect student performance, i.e., dialysis, chemotherapy, etc.
- List any considerations for the student's return to school. Examples may include requirement of a shortened school day, physical accommodations, etc.
- Indicate how often follow-up appointments will be scheduled. The District requires an indication of how this student is being followed and reassessed medically. Homebound services are intended to be temporary.

SECTION 4:

- Complete a start date for home instruction.
- Project a return date. This is a requirement for eligibility.

SECTION 5:

- Please complete all information in this section. It is crucial to have this when the Hospital/Homebound Office needs further information or clarification.

**The School District of Escambia County
Exceptional Student Services
30 E. Texar Drive
Pensacola, FL 32503
(850) 469-5544**

Hospital/Homebound Program Physician's Referral

- The Hospital/Homebound Program is for those students who have a “medically diagnosed physical or psychiatric condition which is acute or catastrophic in nature, or a chronic illness, or a repeated intermittent illness due to a persisting medical problem and **which confines the student to the home or hospital**, and restricts activities for an extended period of time” (State Board of Education Rule 6A-6.03020).
- Eligibility criteria includes an expectation that the student will be **absent for a minimum of 15 school days** and that the medical diagnosis shall be made by a **Florida licensed physician**.
- Eligibility must be considered at least annually and services will follow the regular school year.
- Hospital/Homebound services or home instruction services are meant as a **short-term intervention** and do not in any way supplant attendance in a regular school for an extended period of time.

SECTION 1

Student's Name: _____ DOB: _____

Parent Name(s): _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell: _____

School of Residence/Referral: _____

Pregnancy is the primary reason for referral.

Are there medical complications related to the pregnancy that are confining the student to the home/hospital? Yes (complete **all** sections) No (skip to **Section 4**)

A health condition other than pregnancy is the primary reason for referral (complete **all** sections).

SECTION 2

Description of Medical Condition / Diagnosis: _____

All of the following questions must be answered “yes” and initialed by the physician in order to certify eligibility:

- | Yes | No | Initials | |
|--------------------------|--------------------------|----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Is the student expected to be absent from school due to a physical or psychiatric condition for at least fifteen (15) school days? |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Is the student confined to the hospital or home? |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Will the student be able to participate in and benefit from an instructional program at this time? |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Is the student under medical care for illness or injury which is acute, catastrophic, and/or chronic in nature? |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Can the student receive instructional services without endangering the health and/or safety of the instructor or other students with whom the instructor may come in contact? |

SECTION 3

Students entering the Hospital/Homebound Instructional Program will be placed in the most restrictive educational and social environment in which the student will not have physical contact with their peers during the school day.

- | Yes | No | Initials | |
|--------------------------|--------------------------|----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Do you recommend the student be placed in this most restrictive environment? |

1. List prescribed medication (s) and any side effects relevant to academics: _____

4. Describe the plan of treatment and how it will affect academic instruction: _____

5. List the medical needs / accommodations necessary for the student to return to school: _____

6. In order to monitor the patient’s illness, follow-up visits will be scheduled with your office:

Weekly _____ Monthly _____ Other (Specify) _____

SECTION 4

1. When do you recommend the student begin home instruction? _____
(mm/dd/yy)
2. When is the anticipated return to school date? _____
(mm/dd/yy)

SECTION 5

Physician's Signature

Physician's Medical License Number

Print Physician's Name

Date completed

() _____
Office Telephone Number

() _____
Fax Number

Return form to: Hospital/Homebound Office
 School District of Escambia County
 Exceptional Student Education
 30 E. Texar Drive
 Ph:(850) 469-5544
 Fax: (850) 469-5556