

# Request for Homebound/Hospital Services



Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current School: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_ Phone: \_\_\_\_\_

The School District of La Crosse may provide individual instruction to students of legal school age who are unable to attend classes because they are temporarily not in proper physical or mental condition. A request for homebound instruction should be placed in writing using this form and be submitted to the building principal.

Please describe the nature of the medical condition, why the student cannot participate in their current education program, and the probable duration of time special accommodations, modifications, or services may be needed.

Does your student have an Individualized Education Plan (IEP) or a Section 504 Plan?

- Yes --- your student's case manager will be contacting you to discuss reconvening the IEP team.
- No
- Unsure

Do you believe this homebound request is related to a disability?

- Yes -- school staff will follow up with you to discuss your student's needs
- No

Is your student a school-age parent or expecting to become a school-age parent?  Yes  No

Please describe the program or curriculum modifications you are requesting. (Ex. homebound study, etc)