

SOUTH ALLEGHENY SCHOOL DISTRICT

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Medical Certification for Homebound Services

(to be completed by physician and returned to school nurse)

FOR STUDENTS ANTICIPATED TO BE ABSENT FOR 10 OR MORE SCHOOL DAYS

Student's Name: _____

Date of Birth: _____

Parent/Guardian: _____

Telephone #: _____

Address: _____

School District: _____

School: _____

Diagnosis of Physical Illness/Condition: _____

Is this student diagnosed with a chronic medical or health condition that may result in intermittent absences from school? Yes _____ No _____

This student is capable of receiving home instruction with the following limitations:

Date student will be ready for instruction: _____

Please estimate the duration of home instruction required (if student is anticipated to be absent for 10 or more consecutive days): _____

_____ Physician's Name (Print or Type)	_____ Physician's Signature
Date: _____	
Address: _____	
Telephone #: _____	



LIBERTY BOROUGH

GLASSPORT

PORT VUE BOROUGH

LINCOLN BOROUGH

INSTRUCTIONS TO PHYSICIANS:

Please complete this form as precisely as possible, for the school district must use it to apply for its homebound subsidy at the close of this school year.

For example, should pregnancy be the disability on Item II, then Item III must explain the complication(s) resulting from the pregnancy which does not permit this student to attend regular classes.

The point is that without the proper explanation, the district will be unable to apply for its reimbursement.

The subsidy represents a small portion of the cost to the district for homebound, but it does help; so if you have any questions about this form, call the school at the number on the front side.

TO SCHOOL DISTRICT PERSONNEL:

Since the Homebound Instruction Annual Report must be submitted to the Special Education Program of the IU, this form is recommended to be used by the district to have the necessary information readily available to complete the yearly report (DEBE 146).

Proper verification for certain disabilities such as pregnancy (see 2nd paragraph above) require more specific diagnosis, and this specific information should be copied on the state form.

Make sure that district's portion of the form is completed before sending it to the parent or physician, particularly the first blank of Item VIII.

Finally, it might be wise to put on the form the name of the district contact person in case the physician has some questions.

NOTE: Since all subsidies are subject to state audit, this form should remain in the district files.