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 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.

Student Information:

Student's Name: _____ DOB:_____

Parent Name(s):_____

Address:_____ City:_____

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

School of Residence/Referral:_____

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	Initial	
☐	☐	_____	1. Is the student expected to be absent from school due to a physical or psychiatric condition for at least fifteen (15) school days?
☐	☐	_____	2. Is the student **confined** to the hospital or home?
☐	☐	_____	3. Will the student be able to participate in and benefit from an instructional program at this time?
☐	☐	_____	4. Is the student under medical care for illness or injury which is acute, catastrophic, chronic in nature?
☐	☐	_____	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?

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

Yes No Initial

☐ ☐ _____ 6. Do you recommend the student be placed in this most restrictive environment?

Treatment Plan:

1. When do you recommend the student begin participating in Hospital / Homebound classes? _____ (mm/dd/yy)

2. Expected school return date **(State DOE regulations require a projected return date)**: _____ (mm/dd/yy)

3. 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:

Weekly ☐ Monthly ☐ Other (Specify) _____

_____ _____
Physician's Signature Physician's Medical License Number

_____ _____
Print Physician's Name Date completed

(___)_____ (___)_____
Office Telephone Number Fax Number