



DeForest Area School District

Physician's Statement Homebound Instructions

Student Name (Last, First, M.I.)	Gender: Male / Female (circle one)	Birthdate:
Parent/Guardian Name:		
Address:	Telephone:	

Physician's Statement

Diagnosis:	
Is Student Able to Attend His/Her School Program? Yes No Part-time (circle one)	
Explain:	
Is Student Able to Tolerate an Instructional Program? Yes No (circle one) (if no, list medical restrictions which may interfere with Education Program) (if no, how will status of student be monitored/assessed?)	
Student will be: Homebound Hospitalized (Circle one)	Anticipated Number of Days:

Physician's Name (Print or type)

Physician's Signature

Date