

The need for medical homebound instruction may be reviewed periodically. School districts must retain this

document on file for a period of five (5) years in accordance with procedures set forth in the South Carolina Pupil Accounting System Instruction Manual.

**NON-MEDICAL HOMEBOUND**

**INSTRUCTION FORM**

**Section I – Student Information:** (To be completed by School District Personnel)

Student’s Name:

Category of Disability:

No

Yes

Is this a student with a disability?

Reason that **prevents** school attendance: (Attach additional information if needed)

**Beginning date of nonattendance**:

**Projected return date:**

**Section IV – Authorization:** (To be signed and dated by the District Superintendent or Designee.)

I certify that school officials will consider whether the student now qualifies under Section 504 of the Rehabilitation Act of 1973 or is eligible for entry into programs for children with disabilities. I further certify if this is a student with a disability in accordance with State Board of Education regulations and if the student’s medical homebound placement constitutes a change of placement, an IEP committee with parental involvement will develop an individualized education program (IEP). Non-Medical homebound services are authorized to begin on or after date:

Superintendent’s or Designee’s Signature:

Age:

Grade:

School:

Date of Birth: