



LCPS Form IHBF-E2: Homebound Instruction Program **HEALTHCARE PROVIDER REFERRAL FORM**

1. This form must be completed in its entirety and signed by a licensed healthcare provider before placement is considered. See Policy and Regulation IHBF: Homebound Services for Students.
2. Homebound means that the student is unable to leave the home for any significant period of time because of a medical condition.
3. Normal pregnancy and post-partum are NOT considered for homebound services, as they are not handicapping and/or disabling conditions.

For more information: LCPS Instruction Dept., 575.527.6690; LCPS Health Services Dept., 575.527.5884.

Student Name _____ Date of Birth _____

Address _____

School _____ Grade _____

Diagnosis/Limitations: _____

How long will the student be out of school? _____

(A minimum of four weeks absence for elementary and middle school students, a minimum of two weeks absence for high school students – see Policy and Regulation IHBF.)

What is the plan for the student’s re-integration into school? _____

What limitations, if any, will the student have upon return to school? _____

Healthcare Provider Name (Printed) _____

Healthcare Provider Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Form revised 02.20.13

Copies: Instruction Dept., Health Services Dept., School Nurse, Parent
Form IHBF-E2 • updated 08.09, revised 04.27.12, 02.15.13