



Forward Thinking, High Achieving.

Homebound Tutoring for Health Reasons

To the Provider: Your patient is enrolled in the Missoula County Public Schools. Educationally relevant medical information about their health condition is essential to help school personnel plan an appropriate educational program. By bringing you this form, the child's parent/guardian has given permission for you to release this information to the school. All information will be kept confidential and shared only with those staff working directly with the student. Details regarding symptoms, the duration of the illness, anticipated absences, and accommodations are critical components in planning appropriate academic support. We will ask you to update this information periodically. It is our hope to facilitate your patient's participation in their regular school program as soon as possible. This form should be completed by the child's health care provider and returned to Bethany Manuel, Special Services Coordinator (FAX 406-203-9054) for Missoula County Public Schools. Parents or students may not complete medical forms. Thank you for your assistance.

Name of Student: _____

Date of Birth: _____

Name of School: _____

Grade: _____

A. Medical Diagnosis/ Qualifying Condition:

B. How does the diagnosis or condition affect the child's ability to attend school?

C. Date of last client visit with practitioner: _____

D. Are there any precautions that the homebound instructor needs to be aware of?

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- Homebound services are provided as a temporary service. The school may ask for updated information periodically if homebound may be extended.

E. What is the expected duration the condition will prevent full school attendance?

Provider's Name/Title (please print)

Provider's Signature: _____

Date: _____

Address: _____

Phone: _____

Fax To: Bethany Manuel, Homebound Coordinator, Missoula County Public Schools

Fax: (406) 203-9054

Phone: (406) 728-2400 ext. 1062