

**OAK RIDGE SCHOOLS
REQUEST FOR PREGNANCY RELATED HOMEBOUND SERVICES
PHYSICIAN CERTIFICATION**

T.C.A. Section 49-10-1101-1104 provides for homebound instruction for pregnant students. Under this law, each student is entitled to three (3) hours of instruction per week throughout a six (6) weeks postpartum period. If the student's physician certifies in writing that the medical condition prevents a return to regular classes, they can continue to receive three (3) hours of home instruction per week.

Please complete the following information:

Student: _____ Date of Birth: _____
School: _____ Grade: _____
Parent(s)/Guardian: _____ Address: _____
Home Phone: _____ Work Phone: _____

CERTIFICATION – TO BE COMPLETED BY THE PHYSICIAN

Expected Date of Delivery: _____ Date of Physician Visit: _____

Recommending Homebound Instruction:

_____ *Prior to Delivery – Must list medical complications and be recertified every four (4) weeks:

_____ Six (6) week period beginning with delivery.

_____ *Beyond Six (6) Maternity Period – Must list medical condition and be recertified every four (4) weeks:

*Symptoms common to pregnancy include back pain, fatigue, nausea, vomiting. **These are not considered complications unless hospitalization or total bedrest is prescribed.** For the purpose of pregnancy related homebound, complications should be documented with a diagnosis code and demonstrate that the student is medically unable to attend class. Examples of complications in pregnancy include, but are not limited to, gestational diabetes, eclampsia, placenta tear, any complications requiring hospitalization, etc.

I understand that the homebound teacher will provide **THREE (3) HOURS OF INSTRUCTION** per week.

Physician Signature: _____ Date: _____ Phone: _____

Physician Signature (please print): _____

Address: _____ Parent Signature: _____

Update of medical condition: _____

Physician Signature: _____ Date of visit: _____

TO BE COMPLETED BY SUPERVISOR OF SPECIAL SERVICES:

_____ Oak Ridge Schools agree to provide services. Teacher assigned: _____

_____ We will contact you for a meeting time to discuss our recommendations regarding services or modifications as alternatives for homebound.

Supervisor of Special Services: _____

Fax: 865.425.9061

Date: _____

Revised August 22, 2013