



# JACKSON-MADISON COUNTY SCHOOL SYSTEM

Homebound Instructional Services Department, 310 N Parkway, Jackson, TN

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Attention: Hope Khalil – Lead Homebound Consulting Teacher

## HOMEBOUND REFERRAL FOR PREGNANT STUDENTS

TCA section 41-10-11-1-1104 provides for homebound instruction for pregnant students. Under this law, each pregnant student is entitled to three (3) hours of home bound instruction per week throughout a six-week period of maternity leave beginning with delivery unless otherwise requested by the physician. If the student's physician certifies, in writing, that the student's medical condition prevents the student from returning to school, they can continue to receive three hours of home instruction per week until released back to school.

Name \_\_\_\_\_ DOB \_\_\_\_\_ Race \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### **CERTIFICATION TO BE COMPLETED BY PHYSICIAN ONLY**

Expected Date of Delivery \_\_\_\_\_ Date of Physician Visit \_\_\_\_\_

#### **Recommending Homebound Instructional Services (Please ✓ the appropriate below)**

\_\_\_\_\_ Prior to delivery with complications\* (Must list # of days, medical complications & be recertified every 4 weeks until delivery. \_\_\_\_\_

\_\_\_\_\_ 6 weeks maternity period beginning with delivery – EDC \_\_\_\_\_

\_\_\_\_\_ Beyond 6-wk maternity period\* (Must list # of days, medical complications & be recertified every 4 weeks until student returns to school.) \_\_\_\_\_

Is the student medically unable to attend school because of health complications arising from and after pregnancy? (Please ✓ one) **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**\*List of Complications:** Complications should be of a nature as to have a diagnosis code, e.g. gestational diabetes, pre-term labor, eclampsia. **NOTE:** Abdominal pain, back pain and fatigue are common to pregnancy and **are not** considered complications for the purpose of homebound instruction.

When will this student be able to return to school? \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Print Physician's Name

\_\_\_\_\_  
Clinic Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

### **-District Use Only-**

Teacher assigned \_\_\_\_\_ Special ED \_\_\_\_\_ Case Manager \_\_\_\_\_

Date Instruction begins \_\_\_\_\_ Date instruction ends \_\_\_\_\_ Return Date \_\_\_\_\_