JACKSON-MADISON COUNTY SCHOOL SYSTEM

310 N. Parkway, Jackson. TN 38305 Phone: (731) 506-3056 - Fax: (731) 664-2502
Attention: Paul J. Eichelkraut – Coordinator of Homebound Instructional Services

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 _____ 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

-District Use Only-

Teacher assigned_____ Special ED _____

Date Instruction began _____ Date instruction ended_____ Return Date_____