

Greene County Schools
Request for Homebound Instruction Program Services
Mental Health Form

4.206 Exhibit E
Revised January 2017

(Note: To be signed by a psychiatrist or joint physician/mental health provider that is duly licensed to make mental health diagnosis as defined in DSM-TR and returned to the Homebound Instruction Program Coordinator at Greene County Schools Central Office or faxed to (423) 639-1615.)

MENTAL HEALTH INFORMATION: (To Be Completed By Psychiatrist or Joint Physician/Mental Health Provider)

Student's Full Name: _____ Date of Birth: _____

Diagnosis/Etiology: _____

Prognosis: _____ Treatment/Medication: _____

Date homebound instruction program services begin: _____ Ending date: _____

Date for reassessment by physician/Next appointment follow-up: _____

Comments _____

**A beginning and ending date are required in order to receive services. Open ended dates will not be accepted. If psychiatrist or joint physician/mental health provider is unsure of ending date, he or she should give a date for reassessment to determine continuing eligibility. (Maximum of 6 weeks without recertification.)*

***Please make the most appropriate recommendation as to how this student can best function in an educational environment:**

- Adapted Materials/Equipment* *School Modifications* *Modified Attendance*
 Homebound Instruction Program Services *Hospital Instruction Program Services*

To qualify for homebound instruction program services, the student must have a mental health impairment of sufficient seriousness to anticipate that the student will be absent for a minimum of ten (10) consecutive school days.

NOTICE TO PHYSICIAN:

- **A plan of treatment must be attached to this form.**
- **Students must attend counseling sessions as outlined in the treatment plan.**
- **Parent/guardian must sign a release of information between counselor, school official, and mental health.**
- **A progress report must be faxed to the homebound instruction program coordinator at (423) 639-1615 every four (4) weeks of homebound instruction program services.**
- **Recertification must be obtained every four (4) weeks for the continuation of homebound instruction program services beyond the six (6) weeks period for other students.**

The preceding information is requested in order to plan a more effective educational program for the student with physical and or health condition. This is a confidential report and will be used only by those directly involved with the services of the homebound instruction program.

This student **does/does not** meet the criteria necessary to receive homebound instruction program services.
(Circle correct response)

Signature of Psychiatrist

Date: _____

Print Physician Name

Address: _____

Phone: _____ Fax: _____

In the best interest of the child, Greene County Schools reserves the rights to require a second medical opinion.