

PUPIL PERSONNEL PROGRAMS
Meriden Public Schools

REQUEST FOR HOMEBOUND INSTRUCTION OR TRANSPORTATION

This form replaces ED-044 "Long Term Physically Handicapped Report" from the State Department of Education and is consistent with Sections 10-76 a-1 of the Connecticut General Statutes which mandates services for children requiring special education.

SECTION I (TO BE COMPLETED BY SCHOOL DISTRICT)

Student's Name _____ School _____ Grade _____
Address _____ Birth Date _____
Parent or Guardian _____ Date of Request _____
Home Telephone _____ Name of Physician _____

SECTION II (TO BE COMPLETED BY PHYSICIAN)

Diagnosis _____

Extent of Handicap - Please indicate pertinent medical comments (needs crutches, restricted hand movement, etc.) which will allow district to provide effective and safe Instruction or transportation.

RECOMMENDATION

Do you recommend homebound instruction?
No ___ Yes ___ If yes, for how long? _____

Do you recommend transportation?
No ___ Yes ___ If yes, for how long? _____

Date of Examination _____ Signed _____
Licensed Physician

Address

Return to:
Meriden Board of Education, Office of Pupil Personnel Services
22 Liberty Street, Meriden, CT 06450