



FORT BEND INDEPENDENT SCHOOL DISTRICT
Homebound Services - Parent Information Form

Date: ___/___/___

Student's Name _____ ID# _____

Age _____ Date of Birth _____ Male _____ Female _____

School _____ Grade _____ Primary Language Spoken in the Home _____

Street Address _____ City/State/Zip _____

Father's Name _____ Phone # _____

Mother's Name _____ Phone # _____

Email Address _____

List previous schools attended: _____

Significant factors relating to child's birth/health problems/medications/or medical examinations that you feel affect your child: _____

Has your child experienced any problems with sleep, such as: regularity or duration of sleep, resistance to going to bed, difficulty falling asleep, night-wakings, sleep-disordered breathing, or daytime sleepiness? If yes, please describe: _____

Has your child exhibited any significant difficulties in the following areas?

_____Attention _____Emotional _____Motor _____Physical _____Social _____Academic

If yes, please describe: _____

Describe any problems you feel your child is experiencing at home and/or in school: _____

What does your child do for fun at home? What activities does he/she get involved in most often? _____

Name of Physician (Please PRINT)

Physician's Phone #

Physician's Mailing Address

City

State

Zip

According to available information, the above child will be absent from school four (4) weeks or more. I hereby request homebound instruction. I understand that a physician's report is needed and must be completed by the attending physician to recommend placement. The "Medical Recommendation for Homebound Service" form must be on file prior to scheduling the Homebound placement meeting. A "Consent for Release of Information" form naming the attending physician must be signed by parent/guardian. I also understand that there will be a homebound placement meeting to consider my child for placement in the Homebound program.

Signature of Parent(s)/Guardian(s)

Date

Please return this form to your child's campus.