

**GENERAL EDUCATION HOMEBOUND INSTRUCTION
EXTENSION RECOMMENDATION**

Student Name: _____

Date of Birth: _____

TO WHOM IT MAY CONCERN:

Due to _____ this student is unable to return to the
(specific medical reason)
regular education program at this time. I am therefore recommending that

_____ continue to be served by General Education Homebound for
(Student's name)

the period beginning: _____ and

ending: _____.

COMMENTS:

(Physician's signature)

(Physician's Name –Printed)

Date