

Date of Report: _____

GRANBURY INDEPENDENT SCHOOL DISTRICT

**GENERAL EDUCATION HOMEBOUND (GEH)
CONDITION OF ELIGIBILITY**

Name: _____	School: _____
DOB: _____	Grade: _____

PROFESSIONAL EVALUATORS: The multidisciplinary team that collects or reviews evaluation data in connection with the determination of a student's eligibility based on general education homebound needs must include a licensed physician.

YES No This student has an acute health problem that appears to adversely affect educational performance creating a need for general education homebound instruction.

Type of impairment (i.e., diagnosis): _____

Severity of impairment: mild moderate severe

ANTICIPATED GEH START DATE: _____ **ANTICIPATED GEH END DATE:** _____

Implications of the impairment for the educational process (check all that apply):

- difficulty transferring on and off the bus independently
- difficulty with mobility and seating within a general classroom
- difficulty with self-help skills (i.e., feeding/dressing/toileting)
- difficulty performing activities found in a general classroom (i.e., cutting, writing) and may require special adaptations to the general program, including: _____
- taking the following medication(s): _____
which is/are expected to have the following effects on classroom functioning: _____
- other: _____
- other: _____

Signature of Licensed Physician

Printed Name

Address

Telephone Number