Pregnancy Related Services (PRS)
Compensatory Education Home Instruction (CEHI)

Physician's Statement of *Medical Necessity for Confinement*

Teen parents enrolled in Alvin ISD's Pregnancy Related Services (PRS) are provided prenatal or postpartum academic services, at home, through Compensatory Education Home Instruction (CEHI), a component of PRS. *A PHYSICIAN'S DIAGNOSIS OF THE STUDENT'S COMPLICATION OF PREGNANCY AND A LIST OF THE SPECIFIED LIMITED OR FULL RESTRICTION OF ACTIVITIES, DURING CONFINEMENT, IS REQUIRED IN ORDER TO PROVIDE HOME INSTRUCTION.* A teen parent serviced through the district's PRS CEHI program earns eligible days present, in school attendance, based on the number of hours served at home. Thank you for assisting Alvin ISD in providing uninterrupted educational services for our teen parents.

Please contact the student's campus coordinator listed below if you have any questions regarding this form.

AISD PEPP Life Skills Coordinator	Campus	Phone Number	Fax Number
Linda Carter	Alvin HS	281-245-2578	281-585-8007
Shirley Rodriguez	Manvel HS	281-245-3110	281-245-2049

Prenatal Confinement *(Please list restrictions below.)*

_____ is to be confined at home from _____ ***to***
Student's Name *Date*

_____ due to the complications of pregnancy listed: **(Provide ICD codes with notes.)**
Date

_____

_____

***Estimated Date of Delivery*: _____** ***Student's Campus*: _____**

Extended Postpartum Confinement Due to Delivery Complications *(Please list restrictions below.)*

_____ is to be confined at home from _____ ***to***
Student's Name *Date*

_____ due to the complications of delivery listed: **(Provide ICD codes with notes.)**
Date

_____

_____

Restriction of Activities

Please list *all* limited or full restrictions placed on the student during their confinement at home.

_____

_____

Permission to Return to Campus for Periodic Testing *(Physician, please initial applicable response.)*

_____ The homebound student is permitted to return to campus for periodic testing, but must be released to return home upon completion of testing.

_____ The homebound student *is not* permitted to return to campus for periodic testing.

_____ _____
Printed Physician's Name ***Physician's Signature***

_____ _____
Phone Number ***Address***

_____ _____
City / State / Zip ***Date***