



REQUEST FOR HOME AND HOSPITAL INSTRUCTION

Student: _____ Grade: _____ Student No: _____

Date of Birth _____ School: _____

Parent/Guardian: _____ Phone _____

Address: _____

☐ Student has IEP. If box is checked, this form must be submitted to Special Education Department.

☐ Student has §504 plan. If box is checked, this form must be submitted to District §504 Coordinator.

HEALTH PROFESSIONAL DOCUMENTATION

Home or hospital instruction must be recommended by the student's physician, medical professional, licensed clinical social worker, licensed psychotherapist, or other legally directed services, in addition to being requested by the parent/guardian. School administrators should request sufficient medical documentation to adequately provide the following information. Pertinent medical documentation should be attached to this form.

Health Professional: _____ Title: _____

Address: _____ Phone: _____

Diagnosis: _____ Date of Examination: _____

Date of next appointment with Health Professional: _____

Health professional's reason for student's inability to attend school:

Health professional's estimated time student will be unable to attend school:

Beginning date: _____ Estimated return date: _____

EDUCATIONAL SERVICES

Description of educational services to be provided: _____

Location of educational services: _____

Teacher assigned: _____

Day(s) and time(s) of educational services: _____

If student has IEP or §504 plan, date referred for evaluation under IDEA or §504: _____

Parent/Guardian Signature

Date

School Administrator Signature

Date

Coordinator of Student Services Signature

Date