

Student Name  Grade  Gender

Parent/Guardian Name  Phone

Home hospital instruction is provided to students who are temporarily unable to attend school for an estimated period of four weeks or more because of a physical and/or mental disability or illness. The program does not provide tutoring to students caring for an infant or a relative who is ill.

#### SECTION 1 - THIS SECTION TO BE COMPLETED BY QUALIFIED MEDICAL PRACTITIONER

##### Diagnosis

Disease/Injury/Surgery

Primary diagnosis

Drug/Alcohol Treatment

Pregnancy

Other

Describe:

I certify that this student is unable to attend public school for  weeks.

Printed name of qualified medical practitioner

Signature

Date

Business Address

#### SECTION 2 - THIS SECTION FOR SCHOOL DISTRICT USE

If the student is eligible to receive special education services, does the IEP team need to meet?  Yes  No

Check one:  Original Request  Extension

Beginning date of instructional time or extension:

**NOTE:** Beginning date on extension request must consecutively follow ending date of original.

\_\_\_\_\_  
School District Authorization

Date

Phone