Student Name:_____ **Student ID No**._____

INFORMATION TO PHYSICIAN:
Instruction in the home is one of the most restrictive educational placements available and must be viewed as the placement of last resort to be utilized for the shortest time necessary. Your careful completion of the following information will assist the school to determine whether we can make adaptations for the pupil. Thank you for your assistance.

PHYSICIAN REPORT:

1. What is the diagnosis for this pupil? _____

_____

_____

2. What treatment, if any, is being prescribed?_____

_____

_____

3. Please specify any procedures being anticipated _____

_____

_____

4. Do you anticipate this condition being chronic?_____

_____

CERTIFICATION:

Is it medically advisable for this pupil to attend school?

☐ **Yes** – with the following adaptations/adjustments_____

_____

_____

☐ **No** – Specify why _____

_____

_____

If no, specify length of time student cannot attend school (A minimum of three weeks is required to be considered for the Home/Hospital Program):

_____

_____

Comments: _____

_____

Physician's Signature_____ Date_____

Address_____Phone_____