



## HOME HOSPITAL INSTRUCTION

PH: 425-431-3001 FX: 425-431-7339

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Original Request  Extension

Beginning date of instructional time or extension \_\_\_\_\_

Special Education Team Meeting Required?  Yes  No

### SECTION 1 – This Section to be Completed by Qualified Medical Practitioner

#### Diagnosis

Disease/Injury (Specific Primary Diagnosis) \_\_\_\_\_

Drug/Alcohol Treatment \_\_\_\_\_

Pregnancy \_\_\_\_\_

Other (Specify) \_\_\_\_\_

I certify that this student is unable to attend public school for an estimated period of \_\_\_\_\_ weeks.  
(4-18 weeks per school year)

Intermittent attendance:  Yes  No

Print Name of Medical Practitioner: \_\_\_\_\_

Signature of Medical Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Hospital is limited to services as deemed necessary to provide temporary intervention as a result of physical and/or mental disability or illness for an estimated period of 4 weeks or more. Services are limited to a maximum of 18 weeks per school year. Weeks of absences can be consecutive or intermittent.

#### Intermittent Absences:

- Intermittent absences will total at least 4 weeks, but;
- No more than a semester during a school year;
- The student is expected to resume regular classroom instruction after the absence.

If the student is absent for partial weeks, the district can count any full day the student is absent. A day may not be counted toward HH when a student is able to attend any part of the school day. Five (5) full school days of absences equates to three (3) hours tutoring.