

West Irondequoit Central School District Student Services Office

(585) 336-3175

RECOMMENDATION OF ATTENDING PHYSICIAN FOR HOME/MEDICAL TUTORING

This recommendation must be updated for approval on a monthly basis for extended tutoring

Name of Student:

DOB:

Address:

Parent/Guardian:

Phone Number:

School:

Briefly explain your diagnosis of the condition which precludes attendance in regular school sessions:

IN YOUR OPINION:

Is this child unable to attend regular school sessions? Yes No

Is this child unable to leave the home? Yes No

Is this child physically and emotionally capable of receiving and benefiting from home instruction? Yes No

Do you recommend home instruction for this child? Yes No

Date on which you first treated child for this condition: _____

Last date on which you saw child in connection with this condition: _____

Date on which tutoring may begin: _____

Date on which you estimate that child will be able to return to regular school sessions: _____

Comments or additional information:

Signed: _____

Date: _____

Print or type name: _____

Phone: _____

Address: _____

Email:

PLEASE RETURN TO:	Dr. Susan J. Flood, Director of Student Services 350 Cooper Road Rochester, NY 14617 FAX: (585) 336-3072
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