

Issaquah School District #411 Application for Home/Hospital Support

Home/Hospital support is available for both elementary and secondary students who, because of physical disability or serious illness, are permanently or for a prolonged period of time, confined to their home or hospital. The amount of support will be up to two hours per week. This program will be under the joint supervision of the ISD, the student's school team and qualified medical provider.

RETURN COMPLETED FORM TO: Issaquah School District
Counseling & Student Well-Being
CSWB@issaquah.wednet.edu

SECTION 1 – THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN

Name of student: _____
Please Print: Last Name First Name Middle Initial

Student's school: _____ Grade Level: _____

Student's school counselor: _____ Does your student have a 504 _____ IEP _____

Is student receiving educational support outside of ISD? _____

Parent/Guardian: _____
Please Print: Last Name First Name Middle Initial

Home Address: _____
Street City Zip

Phone Number: _____ Email: _____

A treatment plan for my student, with the goal of transitioning to full time participation in their education, has been included with this application.

I would like for my student named above, to receive Home/Hospital support. An adult family representative will be available on the premises while ISD support is provided on-site.

I understand that receipt of this form by the Issaquah School District does not guarantee Home/Hospital support will be provided to my student.

Parent/Guardian signature: Relationship to Student Date

SECTION 2 – THIS SECTION FOR SCHOOL DISTRICT USE

Date completed application received by ISD/Counseling & Student Well-Being: _____

Date medical provider's certification received: _____ Date Home/Hospital application approved/denied: _____

Date support begins: _____ Date support is discontinued/completed: _____