

REQUEST FOR HOME/HOSPITAL INSTRUCTION

SCHOOL DISTRICT NAME <p style="text-align: center; font-size: 1.2em;">Orting School District #344</p>		STUDENT NAME: (Last, First, Middle) Please Print	
CONTACT PERSON	TELEPHONE NUMBER	STUDENT GRADE LEVEL	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female

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.

TYPE/PRINT NAME OF QUALIFIED MEDICAL PRACTITIONER	BUSINESS ADDRESS	
SIGNATURE	DATE	CONTACT TELEPHONE NUMBER

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:

MO	DAY	YEAR
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NOTE: Beginning date on extension request must consecutively follow ending date of original

SCHOOL DISTRICT AUTHORIZATION	DATE	CONTACT TELEPHONE NUMBER
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