



Dublin City School District

Home Instruction Physician Referral

Program
2412 F2
Revised 3/29/12
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The student named below has been referred for home instruction tutoring. State and Federal Law requires a medical evaluation as a part of this process. Please complete this form and return to:

School Counselor Name: _____
School Name: _____
School Address: _____
School phone: _____ School fax: _____

The Home Instruction Tutoring process will begin when this information is received. If Home Instruction persists beyond nine weeks, the need for home instruction will be reviewed and additional information may be requested for continuation.

All Sections Must be Completed

Thank you for your assistance.

To be completed by the school:

Date: _____
Student name: _____ DOB: _____ Gender: _____
Home address: _____
City: _____ State: _____ Zip: _____
Parent(s) name(s): _____
Father Mother
Phone: _____
Father – home work Mother – home work
School: _____ Grade: _____
Date student last attended school: _____
Number of absences this school year: Full - _____ Partial - _____ Tardies - _____

To be completed by the physician:

Student's diagnosis: _____
Medications prescribed: _____
Potential side effects: _____
Will student's physical condition preclude the student from attending school: _____
Specify reason: _____

Student will be absent from school: From (date) _____ To (date) _____

(OVER)

What is a realistic expectation for school attendance based on diagnosis and student condition?

On average, student may miss approximately _____ days per week.

After how many days of absences would you want to be contacted by the school? _____

Date of most recent examination: _____

Significant findings from examination: _____

Social, emotional, or behavioral implications of diagnosis: _____

Medical recommendations for academic and health care plan: _____

Next scheduled appointment: _____

Physician's name: _____

(please print)

Address: _____

(please print)

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Physician's signature: _____ Date: _____