



REQUEST FOR HOME/HOSPITAL INSTRUCTION

Seattle School District #1 Student Health Services MS 31-650 P.O. Box 34165 Seattle, Washington 98124-1165	CHECK ONE: <input type="checkbox"/> Original Request <input type="checkbox"/> Extension NOTE: Beginning date on extension request must consecutively follow ending date of original request.
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STUDENT INFORMATION

Student Name: (last, first, middle initial) PLEASE PRINT	School Where Student is Enrolled:	Grade Level:
Parent/Guardian Name:	Telephone Number:	Enrolled in Special Education? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender:		

I authorize release of information to Seattle Public Schools concerning this condition. _____

SECTION 1: TO BE COMPLETED BY QUALIFIED MEDICAL PRACTITIONER

DIAGNOSIS:

Disease/Injury (specific primary diagnosis) _____

Pregnancy (give due date) _____

Postpartum (give delivery date) _____

Other (specify) _____

I certify that this student is physically unable to attend school because of their own medical condition for _____ weeks starting _____.

I certify that this student is physically unable to attend school because of their pregnancy starting _____ and continuing for _____ weeks postpartum due to their own medical condition.*

I certify that this student is physically unable to attend school for _____ weeks postpartum due to their own medical condition.*

** School or tutor must call with delivery date! If delivery or recovery is complicated and more recovery time is needed, submit an extension for longer service.*

Name of Qualified Medical Practitioner:	Telephone Number	Business Address:
Signature:	Date:	

SECTION 2: TO BE COMPLETED BY STUDENT'S SCHOOL

Tutor's Name:	Telephone Number:	School Contact:	Position:
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SECTION 3: TO BE COMPLETED BY AUTHORIZING OFFICE

Reviewed by:	Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Start: _____ # of Weeks: _____
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Questions? Call Student Health Services: 206-252-0750 Fax: 206-252-0751

GUIDELINES FOR DISTRICT ADMINISTRATION OF THE HOME/HOSPITAL INSTRUCTION PROGRAM

Eligibility

1. A student must be enrolled in Seattle Public Schools.
2. A written statement by a doctor of medicine, (M.D.), osteopathy, (D.O.), naturopathy (N.D.), dentistry, (D.M.D.), chiropractic, (D.C.), or physician assistant (PA); advanced registered nurse practitioner, (ARNP); or licensed mental health therapist indicating that the student is unable to attend school due to physical disability or illness for at least four weeks from the date of the application, but not more than eighteen weeks, must be provided.

Program Requirements

1. Tutoring is provided for students absent a minimum of four weeks but less than a semester. In some cases tutoring may be intermittent, but weeks of tutoring may not exceed eighteen weeks. Students with intermittent absences may not receive H/H services in a week in which they attended school at least a ½ day twice in that week.
2. Home/Hospital instruction may be provided while a student is being assessed for eligibility for special education services.
3. If a student has a special education health-impaired designation or is receiving 504 accommodations, work with the school's Section 504 coordinator and the IEP-responsible staff to determine appropriate services.
4. Home/Hospital tutoring is not provided during school vacations unless the student is enrolled in a district summer school program.
5. Home/Hospital instruction is for the student who is unable to attend school due to disability or illness. It may not be used for a student who is staying at home with an infant or a sick relative.

Program Provisions

If the Home/Hospital application is approved the student is approved for two hours of tutoring per week. This will not provide a complete educational program but will assist a student in maintaining their educational status when absent from school temporarily. Please encourage the student to resume school attendance and participation in a complete educational program as soon as they are able.