Student Name: _____ Birthdate: _____

Home & Hospital Instruction Program Referral & Medical Certification Form

School instruction can be provided to a child eligible for special education services in the home or hospital if he or she is unable to attend school elsewhere due to a medical condition. The IEP team shall consider the need to modify the IEP based upon the written statement from a physician licensed to practice medicine that the child has a physical or mental health condition which is anticipated to cause an absence from school for two or more consecutive weeks or ongoing intermittent absences.

Physician --This completed form must be returned to the local school district before services can be initiated.

Student Name: _____ Birthdate: _____ Sex: _____ Grade: _____

School District: _____ Date: _____

Parent/Guardian: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

1. Type of Instruction *(Check One):* ☐ Home ☐ Hospital

2. Physician's estimate of the length of time that the home or hospital instruction will be needed:_____ weeks.
   (Not less than 2 weeks or more than 6 months.)

3. Medical Diagnosis:

4. Describe the child's condition:

5. Describe the impact on the child's ability to participate in education (the child's physical and mental health tolerance for receiving educational service):

6. Is there any reason that the child should receive more than five hours of instruction per week? ☐ No ☐ Yes
   Please explain:

Signature of Physician: _____ Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____ Fax Number: _____