

APPLICATION FOR SUPPORTIVE INSTRUCTION - MEDICAL

This application is submitted for the following student who is enrolled in my school and is expected to be absent from school for a period of two weeks or more due to illness, accident, or a severe adjustment problem.

TO BE COMPLETED BY SCHOOL

Reason for Request:	Number of Hours Per Week Requested:
Student's Name:	Birth Date: Grade:
Does the student have an IEP? 504? _	*Attach IEP & PWN or 504 Plan & Meeting Minutes
School and Phone Number:	
School Address:	
Name and Email of School Contact (Educational Diagnostician/School Counselor): COURSES - (Notate if the materials for the course are online <u>and</u> if so, what program):	
Counseling Services Yes No TO BE COMPLEDTED BY PARENT/GUARDIAN	
Address:	
	Yes No If no, where?
related site for students temporarily at home chronic condition or accident considered to Homebound instruction per week: up to 5 hoto 10 hours for grades 9-12. ☐ Homebound is not intended to take the place instruction in core content courses (English, elective courses including foreign languages)	ours for grades K-5, up to 7 hours for grades 6-8 and up e of a full class schedule. Homebound services provide Math, Social Studies and Science). <u>Instruction in</u> s will not be provided. Exceptions may be considered for
and available for teacher instructions. A quice recommended with no interruptions during t	ult 18 or older must be present during all teaching times et learning area, with table, chair, and good lighting is
☐ Should the teaching schedule not be kept a	•
	than 8 weeks. An updated Physician's Form is required
Parent/Guardian Name (Print)	Parent/Guardian Signature