

Student: _____ Sex: _____ DOB: _____

School Physician Administrative Review of Home/Alternate Instruction Request

_____ Based on the supplied medical information, Home Instruction can be included as part of the students' educational curriculum. The school administration will determine the number of hours of Home Instruction based on the student's access to other educational options, such as computer-based learning or partial day school attendance.

_____ This request is approved for 30 days and a medical update will be required for extension.

_____ This request is approved for _____ days and a medical update will be required for extension.

_____ This request is approved for the duration of the school year. Medical updates will be required every _____ days continue Home Instruction.

_____ The student is expected to require intermittent Home Instruction for the entire school year and is approved as needed for the current school year.

_____ Based on the provided medical information, home instruction is not recommended at this time. However, it may be reconsidered upon submission of additional medical documentation.

Signature: _____ Date; _____