

BELLEVUE SCHOOL DISTRICT
REQUEST FOR HOME/HOSPITAL INSTRUCTION – PROCEDURE 2165P – EXHIBIT B

SCHOOL		STUDENT NAME (Last, First, Middle)	
CONTACT PERSON/RELATIONSHIP	TELEPHONE NUMBER	STUDENT GRADE LEVEL	GENDER Female _____ Male _____ Other _____

SECTION 1-THIS SECTION TO BE COMPLETED BY QUALIFIED MEDICAL PRACTITIONER

DIAGNOSIS:

- Disease/Injury/Surgery (Primary diagnosis) _____
- Drug/Alcohol Treatment
- Pregnancy
- Other* (describe): _____

I certify that this student is unable to attend public school for _____ weeks.

Type/Print Name of Qualified Medical Practitioner	Business Address	
Signature	Date	Contact Telephone Number

Return to School Counselor When Completed

SECTION 2-THIS SECTION FOR SCHOOL DISTRICT USE

Is the student eligible to receive special education/504/Title 1 services? Yes No

If yes, the school must complete the following before the district will process the H/H request.

If the student is eligible to receive special education/504 services, the student's IEP/504 Team must meet and determine:

- How many hours per week does the student need H/H instruction? _____
 - H/H will fund two hours of direct service and two hours of planning time/week for the H/H instructor. Necessary H/H instruction beyond four hours/week must be arranged and paid for through a funding source other than H/H.
- What kind of H/H instruction does the student need? **Teaching instruction** **Assistance staying current with assignments**
 - If the student needs teaching instruction, the H/H tutor must be certified.
 - If the student needs assistance staying current with general education assignments, the H/H tutor can be an instructional aide or para professional.

If the student is eligible to receive Title 1 services, the H/H tutor must be certified.

- Original Request
- Extension

NOTE: Beginning date on extension request must consecutively follow ending date of original

Name and Telephone No. of Special Education/504/Title 1 Contact Person _____

SECTION 3-THIS SECTION TO BE COMPLETED BY DISTRICT ADMINISTRATION

- Section 1 Fully and Properly Completed
- Section 2 Fully and Properly Completed

Note: If both Section 1 and Section 2 are fully and properly completed, the district will complete the process for H/H instruction. If either Section 1 or Section 2 is NOT fully and properly completed, the request for H/H instruction will be returned to the school.

Date H/H Instruction Approved: _____ Number of weeks Approved: _____

Beginning date of this H/H request: _____ Approved _____

Executive Director Special Services

Additional Number of Hours approved: _____/week Approved _____

Executive Director Special Services

Date: 1.15