

HOME/HOSPITAL SERVICES REQUEST FORM
DEER CREEK-MACKINAW CUSD #701

PART 1 TO BE COMPLETED BY PARENT/GUARDIAN

My child is unable to go to school and I am requesting:

Home Instruction
Hospital Instruction
(Circle one)

Student's Name: _____

Date of Birth: _____ Grade: _____

Address: _____

Telephone: (309) _____

Date last attended: _____

Student's Disability: _____

Parent/Guardian Signature

Date

PART 2 TO BE COMPLETED BY PHYSICIAN (MAY ATTACH NOTE)

Medical Diagnosis: _____

Tentative Duration of absence from school: _____

I (recommend) (do not recommend) (Home instruction) (Hospital instruction)
(Circle one) (Circle one)

Physician's Signature

Date

PART 3 TO BE COMPLETED BY SCHOOL OFFICIALS

Student's Program of Study (complete or attach a copy of student's schedule)

Subject	Teacher	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Special Education placement? Yes _____ No _____

Related services provided? Yes _____ No _____

If yes, specify type. _____

Current IEP on file? Yes _____ No _____

Approved _____ Denied _____

Principal's Signature

Date

Copy to: Principal, Superintendent