

Student N	Name: Student ID No.
Instruction be viewed careful co	ATION TO PHYSICIAN: In in the home is one of the most restrictive educational placements available and must as the placement of last resort to be utilized for the shortest time necessary. Your impletion of the following information will assist the school to determine whether we adaptations for the pupil. Thank you for your assistance.
PHYSIC	IAN REPORT:
1. What	is the diagnosis for this pupil?
2. What	treatment, if any, is being prescribed?
3. Please	specify any procedures being anticipated
-	u anticipate this condition being
<u>CERTIF</u>	ICATION:
Is it medi	cally advisable for this pupil to attend school?
	Yes – with the following adaptations/adjustments

□ No – Specify why	
If no, specify length of time s weeks is required to be considered for	tudent cannot attend school (A minimum of three the Home/Hospital Program):
Comments:	
Physician's Signature	Date
Address	Phone