HOME/HOSPITAL INSTRUCTOR PROGRAM
REQUEST FOR SERVICES

Home/hospital instruction is provided to students enrolled in a public school who are temporarily unable to attend school for an estimated period of four weeks or more because of physical and/or mental disability or illness." OSPI Bulletin No. 031-18

[redacted]

Form 2165F
Instruction
2/2

REQUEST FOR HOME/HOSPITAL INSTRUCTI

Please Print

This section to be completed by Parent/Guardian

STUDENT NAME (Last, First, Middle)	… Male … Female Optional	G	Contact Phone
Is this student enrolled in a Special Education Program? … Yes … No			

This section to be completed by Qualified Medical Practitioner

DIAGNOSIS: **DE: (ICD-9-CM)**

‰ DISEASE/INJURY
(specify primary diagnosis) _____ _____

‰ DRUG/ALCOHOL
TREATMENT _____ _____

‰ PREGNANCY _____ _____

‰ OTHER* (Specify) _____ _____
*Prior telephone approval required

I CERTIFY THAT THIS STUDENT IS UNABLE TO ATTEND PUBLIC SCHOOL FO ____ WEEKS
A minimum of 4 weeks, maximum of 18 weeks, consecutive or intermittent

NAME & TITLE of Qualified Medical Practitioner:	SIGNATURE	DATE

BUSINESS ADDRESS

[redacted]

MAIL TO:l [redacted] Administ[redacted]409[redacted]