

Pacific Grove Unified School District
Request for Home and Hospital Instruction for Students with
Temporary Disabilities

(Only for students expected to be absent 2 weeks or longer. Instruction time is not more than one hour per day.)

Please note:

1. Home and Hospital Instruction will be provided virtually or in-person as agreed upon by the Home Hospital teacher and family.
2. If the student will be out of school during our Statewide assessment period (Spring), you have the right to request an exemption from testing. To do so, please make a written request to your site principal.
3. **To return to classes, your student must report to the attendance office with a doctor's signature on official paperwork, releasing him/her to return to school. Your student will not be able to return to school without this document.**

THE FOLLOWING IS TO BE COMPLETED BY THE PARENT OR GUARDIAN

Name of Student: _____ Grade _____

Address: _____

Parent/Guardian Name: _____ Phone # _____

School: _____ Teacher: _____

Date: _____ Signature of Parent/Guardian _____

THE FOLLOWING IS TO BE COMPLETED BY THE ATTENDING PHYSICIAN

By signing below, the physician verifies that the student's disabling condition will not expose the assigned teacher to a contagious disease that can be transmitted through casual contact.

Description of physical, mental, or emotional disability or diagnosis: _____

What limitations should be observed as to home instruction activities? _____

Probable extent of time needed for services: _____

Attending physician's name (please print) : _____

Address of Physician's Office (please print): _____

Date: _____

Signature of Attending Physician

APPROVED:

Director of Student Services

Director of Human Resources

Date: _____

Date: _____