



Dear Health Care Provider:

The enclosed form is a request for Home or Hospital Instruction. This is a tutoring service provided to students who are medically unable to attend school for a **minimum of 4 weeks and a maximum of 18 weeks** because of a physical disability or illness.

Please complete the attached form as follows:

1. The number of weeks the student is medically unable to attend school.
PLEASE NOTE: The dates for Home Hospital tutoring cannot be back-dated and there must be a minimum of 4 weeks remaining on the medical orders to begin arranging services.
2. The appropriate diagnostic code and description.
3. Sign and date the form.
4. Fax the following information to **253-841-8655 ATTN: Home/Hospital Coordinator**:
 - a. HIPPA authorization signed by parent/guardian
 - b. Request for Home/Hospital Instruction Form
 - c. Diagnosis such as "mental illness", "anxiety neurosis", and certain other illnesses which are manifested by severe behavioral problems will require an accompanying letter consisting of the diagnosis, a brief plan of care, prognosis, etc.

Please Note:

H/H tutoring *may* be provided for intermittent absences **under the following conditions**:

- Absences lasting one week or more at a time;
- Intermittent absences will total at least four weeks, but;
- No more than a semester during a school year;
- The student is expected to resume regular classroom instruction after the absence;
- All other eligibility criteria for H/H have been met.

If it is foreseeable that a student's illness would require them to be home on an intermittent or long-term basis that does not meet the guidelines for H/H services (e.g. partial days; several days a week; unpredictable days based on student condition or treatment plan; beyond 18 weeks), all documentation received will be forwarded to the 504 coordinator at the student's school.

Thank you for your assistance.

Lisa Rodside
Director Special Education