



GRANITE FALLS SCHOOL DISTRICT # 332

205 N Alder • Granite Falls, WA 98252
Phone: (360) 283-4311 • Fax: (360) 925-6477

REQUEST FOR HOME/HOSPITAL INSTRUCTION

SCHOOL DISTRICT NAME		STUDENT NAME: (Last, First, Middle) Please Print	
CONTACT PERSON	TELEPHONE NUMBER	STUDENT SCHOOL/GRADE LEVEL	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION 1—THIS SECTION TO BE COMPLETED BY QUALIFIED MEDICAL PRACTITIONER

DIAGNOSIS:

- Disease/Injury/Surgery (primary diagnosis): _____
- Drug/Alcohol Treatment _____
- Pregnancy _____
- Other * (describe): _____

WAC 392-172A-02100 states, "Home or hospital instruction shall be provided to students who are unable to attend school for an estimated period of **four weeks or more** because of physical disability or illness."

I certify that this student is unable to attend public school for _____ weeks. Beginning date: _____

TYPE/PRINT NAME OF QUALIFIED MEDICAL PRACTITIONER		BUSINESS ADDRESS
SIGNATURE	DATE	CONTACT TELEPHONE NUMBER

SECTION 2—THIS SECTION FOR SCHOOL DISTRICT USE

If the student is eligible to receive special education services, does the IEP team need to meet? Yes No

CHECK ONE

- Original Request / *Ending Date: _____
- Extension

Beginning date of instructional time or extension:

MO	DAY	YEAR
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*NOTE: Beginning date on extension request must consecutively follow ending date of original.

SCHOOL DISTRICT AUTHORIZATION	DATE	CONTACT TELEPHONE NUMBER
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