REQUEST FOR HOME INSTRUCTION
Franklin Township Public Schools
Pupil Personnel Services
1755 Amwell Road
Somerset, NJ 08873

Student: ___________________ Sex: _______ DOB: ____________

Dear Physician:

In order to consider Home Instruction for the above referenced student, the following information is required. This information will be reviewed by the school’s medical and administrative personnel prior to a determination. All items must be completed. Incomplete forms will not be considered.

Pupil Personnel Services

Diagnosis: ________________________________________________________________

Is the student confined (medically home bound) to their home or to a medical facility? ____________

Current Treatment: ________________________________________________________

How does this medical condition prevent the student from physically attending school?

________________________________________________________________________

________________________________________________________________________

Can the student physically attend school for part of the day? ____________________________

Can the student remain in school with special accommodations and if so what are the required accommodations?

________________________________________________________________________

________________________________________________________________________

Duration of the request: _________________________________________________

What criteria must be met before the student can return to school full time?

________________________________________________________________________

(Over)
When is the next scheduled medical follow-up?

Physician’s Signature: ____________________________ Date: __________________

Address Stamp/Phone Number

School Administrative Review:

School Medical Inspector:
__ Concur with the request
__ Do not concur with the request
__ Concur with revisions

Signature: ____________________________ Date: __________________

Director PPS
__ Concur with the request
__ Do not concur with the request
__ Concur with revisions

Signature: ____________________________ Date: __________________