

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: \_\_\_\_\_