

Section II
Professional Statement

To be completed by a licensed medical professional.

Name of Student _____

Date: _____

Please check one of the following:

_____ The student is unable to attend school at this time due to health concerns, and I do support Home/Hospital instruction (***If checked, please complete the rest of this Section II.***)

_____ The student can attend school without any type of modifications or special provisions.

_____ The student can attend school only with modifications or special provisions.

Describe Modifications Needed: _____

_____ I do / _____ do not support home/hospital instruction for this student

Explain: _____

Diagnosis: _____

_____ Check here if this student has a chronic physical condition that is unlikely to substantially improve within one year.

Please provide specific reason(s)/limitation(s) as to why the student is unable to attend school at this time:

How long have you been seeing the patient for the diagnosis listed?: _____ Will you be following the patient? _____
Yes _____ No _____

Date you anticipate student may return to school: _____

Please summarize test and all other data collected that supports the need for Home/Hospital Instruction at this time.

What is the treatment plan for the patient?: _____

Is there a return to school plan for this student?(If so, please attach): _____

What are your recommendations to assist this student in his/her return to school?: _____

Signature of Licensed Professional

Please Print the Name of Professional

Office Address: _____

Phone Number: _____

Fax Number: _____