



Department of Responsive Services
 Home and Hospital Instructional Services
 Jo Ann Larsen, Program Assistant
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HEALTH PROFESSIONAL'S STATEMENT OF NEEDS

This statement is verification by a student's treating *Physician, Psychologist, or Licensed Clinical Social Worker* that the student has a condition or diagnosis which prevents her/him from attending school for ten or more *consecutive* school days.

Student Name: _____ Date of Birth: _____

Medical condition(s) preventing student from attending school for ten (10) or more consecutive days:

Based upon the above condition(s), describe why the student unable to attend school. Please be specific.

Dates student is unable to attend school: ___/___/_____ through ___/___/_____
 (Please provide specific dates. An updated statement of needs must be provided to Homebound Services every 120 days for the student to remain qualified for ongoing home and hospital instructional services. The Homebound Services program solely reserves the authority to waive the 120 day requirement, in writing, based on the student's long term prognosis.)

Is there a risk of contagion? Yes___ No___ If yes, indicate level of contagion, and measures or precautions to be followed by the Home & Hospital Teacher: _____

NAME AND ADDRESS OF HEALTH CARE PROFESSIONAL
 (PLEASE PRINT)

NAME	PHONE NUMBER
STREET	CITY
	ZIP

This verifies that the above information is accurate as of the date below:

SIGNATURE OF PHYSICIAN OR HEATH CARE PROFESSIONAL _____ DATE _____

NOTES:
 Canyons School District Policy requires the student be confined at home or in a hospital due to physical or emotional illness, injury, disability, complications of pregnancy, or extenuating circumstances. (IHBF R-1.2)
 In most cases, the duration of services shall be determined by the principal after consultation with the student's parents and review of information provided by the student's current treating physician, medical professional, social worker, or psychotherapist. (IHBF R-2.5)
 If it appears that the student's eligibility is inaccurate or is being falsified, or the program is being abused by the student or student's family, the principal will initiate a formal review with the Superintendent's designee administering the Home and Hospital Instruction Program. (IHBF R-2.6)