

BURLINGTON COUNTY INSTITUTE OF TECHNOLOGY

HOME INSTRUCTION REQUEST Medford Westampton

Parents complete this section only

Student's Name: _____ Date of Birth _____ Grade _____

Address _____

Parent/Guardian _____ Phone _____

FOR MEDICAL HOME INSTRUCTION: ***A valid doctor's note must be attached to this form*******

I am formally requesting that my child _____ be provided home instruction for the following academic subjects and I give permission for the school doctor/school designee to contact my child's doctor when necessary.

Signature of Parent/Guardian _____ Print Name _____ Date _____

Home instruction must take place at the home, local public library, inpatient facility, online, or in the school building. The site of home instruction will be mutually agreed upon by the parent and the instructor. A responsible adult must be at home during the time home instruction is provided.

Guidance Counselor complete this section only

Counselor _____ Extension _____

Case manager _____ Extension _____

Medical Suspension IEP Classified: Yes No If Yes, Classification _____

Assignments and textbooks will be provided to the Home Instructor(s) according to the following Home Instruction/Individualized Program Plan starting _____ to _____.

Subject: _____	Teacher: _____	Hours _____
Subject: _____	Teacher: _____	Hours _____
Subject: _____	Teacher: _____	Hours _____
Subject: _____	Teacher: _____	Hours _____

Please attach the student's current schedule.

Director of Pupil Services -Authorization of Instruction & Payment for Services	Start Date
Superintendent of Schools Signature	Date

Note: 1. For a student with an IEP, when the provision of home instruction will exceed 30 consecutive school days in a school year, the IEP team shall convene a meeting to review and, if appropriate, revise the student's IEP.

2. For a student without a disability, the home instruction shall meet the New Jersey Student Learning Standards, and the requirements of the district board of education for promotion to the next grade level. When the provision of home instruction will exceed 60 calendar days, the school physician shall refer the student to the child study team for evaluation, pursuant to N.J.A.C. 6A:14.

For Office Use Only

_____ Date Medical received.	_____ Medical approved by _____	
_____ Date received by Director of Pupil Services	_____ Date Forwarded to Home Instruction Facilitator	
_____ Date Board Approval/Data Systems Manager notified by Pupil Services		
_____ Date Student Returned to School – Notify attendance office and Home Facilitator		