



SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT
699 Old Orchard Drive, Danville, California 94526
Educational Services
(925) 552-5052 • FAX (925) 837-2605

REQUEST FOR HOME TEACHER

Student Services must authorize Home/Hospital Instruction. In order to qualify for Home/Hospital Instruction:

1. A pupil's absence must be a temporary, short-term disability.
2. The absence must be **projected as 3-6 weeks** from the date of this Request.
3. A parent/guardian or other responsible adult must be present at the location when the Home Instruction takes place.

This REQUEST FOR HOME TEACHER must be completed and returned to Student Services.

Parent/Guardian completes this section: Student

has an active: IEP ___ 504 ___ ELL ___ Date of Request: _____

Student's Name	Grade	Teacher/Counselor
Address	City	ZIP
Date of Birth	School of Attendance	School Phone #
	Remote	In-Person
		Instruction

As per the information provided by my child's physician, below/attached, I request a home teacher.

Parent/Guardian Name (Print Please)

Parent/Guardian's Signature

Physician completes this section:

The above-named student is unable to attend school because of the following disability/condition.

A home teacher is recommended for a period of approximately ___3 - 4 - 5 - 6___ weeks.

Due to this student's condition, the teacher(s) should observe the following restrictions or physical limitations:

Physician Name (Print Please)

Physician Signature

Office Address

Office Phone

District completes this section:

Home Teacher Assigned _____ Date _____ Phone _____

Date Request Approved _____ Date Home Instruction Commenced _____ Terminated _____

Student Services Signature _____

Parent/Guardian

Physician

District