



Home Instruction Referral

Date: _____

HOME INSTRUCTION REASON: (Check ONE)

Student with IEP:

- Medical
- Temporary Medical Condition
- "Day 11" (suspension over 10 days)
- Expulsion

Student without IEP:

- Medical 504
- Temporary Medical Condition
- Expulsion (post expulsion-use [Reconnection Services](#) referral process)

STUDENT INFORMATION

Student Name: _____ PPS ID#: _____ M F Race

School: _____ Grade: _____ Birth Date: _____ Age: _____

Student Address: _____

Student Phone/Email: _____

If IEP: Due Date: _____ Eligibility _____

SCHOOL INFORMATION

Sending School _____ Home School (if different) _____

Case Manager Name _____ Role _____

Case Manager Phone _____ Email _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name/s, Phone/Email: _____

Parent/Guardian Name/s, Phone/Email: _____

HOME INSTRUCTION PLAN

Proposal for how the hours/week of services will be used to provide access to core content and, if applicable, special education services: _____

Re-engagement plan: _____

“DAY 11” SERVICES (IEP ONLY)

Total days of suspension so far this school year: _____

List actual dates of suspension for which “day 11” services are required: _____

Plan for services: _____

Amount of services to be provided: _____

Name of Teacher(s) who will provide: _____

When services will be provided: _____

Focus of instructional time: _____

Prior written notice documenting implementation of “day 11” services _____

POST EXPULSION (IEP ONLY)

Date of expulsion _____ to _____

Home instruction is interim pending _____

Anticipated duration of home instruction _____

Home instruction plan: Proposal for how the hours/week of services will be used to provide access to core content and, if applicable, special education services: _____

ATTACH THE FOLLOWING DOCUMENTS TO HOME INSTRUCTION REFERRAL:

- Letter or statement from medical provider indicating need for home instruction and anticipated length of time (Students with 504 or Temporary Medical Condition require Student Services Medical/Health Statement)
- IEP or 504 plan, if applicable

Submit as follows:

If student is on an IEP: scan completed document and email cburns@pps.net

If student not on an IEP: scan completed document and email studentservices@pps.net