
HOME AND HOSPITAL INSTRUCTION

In accordance with 603 CMR 28.03(3)(C), the Arlington Public Schools provides an instructional program for any student who, in the judgment of the student's physician, will have to remain at home or in a hospital for a period of not less than fourteen days. As soon as it is known that the student will be absent from school, the Home or Hospital Instruction program may be authorized.

Home Instruction may also be provided when a special education student has a valid signed Individualized Educational Plan indicating a Home Instruction Program.

A Home or Hospital Program is an extension of the school program in which the student is enrolled. The content of the program is the same as that of the class that the student is enrolled in. The instructor coordinates the program with the teacher of the program that the child would be attending. The instructor assists the student in maintaining effective progress in school subjects, and the classroom teacher assigns the actual grades.

- Principal will inform parents that the form for Home Hospital Services is available on the web, through their office or from the School Nurse.
- The Parent returns the form to the School Principal who will then give a copy to the School Nurse and will set up tutoring with the Attendance Officer.
- Principal will ensure services are delivered in accordance with policy and monitor until student is able to return to school

Arlington Public Schools

Massachusetts Ave., Arlington, MA

Physician's Statement for Temporary Home or Hospital Education

603 CMR 28.03(3)(c)

Student Information:

Student Name: _____ DOB: _____

Address: _____

Physician's Information:

Physician's Name: _____ Telephone #: _____

Type of Physician: _____

Address: _____

The student will require educational services at home and/or at a hospital:

for more than 14 days.

for recurrent periods of less than 14 days, that will accumulate to more than 14 days in the school year.

The school district should consider the following medical information when planning instructional services:

The student's health during this period(s) will affect / will not affect the provision of full educational services. If services will be affected, please explain why and how services will be impacted.

The student is expected to return to school on _____.
(MM/DD/YY)

Physician's Signature

Date