



ADMINISTRATION BUILDING

701 West Gregory Street - Mount Prospect, Illinois 60056

P (847) 394-7300 | F (847) 394-7311 | www.d57.org

Home/Hospital Services

A student is eligible to receive home/hospital services when a licensed medical physician, physician assistant, or advanced practice nurse determines that the child, due to a medical condition, will be unable to attend school, and instead must be instructed at home or in the hospital, for a period of 2 or more consecutive weeks or on an ongoing intermittent basis. An “ongoing intermittent basis” means that the child’s medical condition is of such a nature or severity that it is anticipated that the student will be absent from school due to the medical condition for periods of at least 2 days at a time multiple times during the school year totaling at least 10 days or more of absences. The goal of home/hospital instruction is to afford the student experiences equivalent to those afforded to other students at the same grade level and are designed to enable the student to return to the classroom. When a student qualifies for home/hospital services, the district will provide a maximum of 5 hours of instruction per week.

In order for the District to provide home/hospital services, the following forms must be completed:

1. Parental Request for home/hospital Instruction (to be completed by the parent/guardian)
2. Medical Certification for Home/Hospital Instruction (to be completed by the physician)

Completed forms should be submitted to the Director of Student Services. Questions regarding home/hospital instruction should be submitted to Sara Tyburski, Director of Student Services, at 847-394-7300.

Revised June 2019

Mount Prospect School District 57
701 West Gregory Street
Mount Prospect, IL 60656
(847) 394-7300 Fax: (847) 385-3730

Medical Certification for Home/Hospital Instruction

TO BE COMPLETED BY PARENT/GUARDIAN:

Student: _____ DOB: _____ Grade: _____ School: _____

Parent/Guardian: _____ Phone: _____

Address: _____

TO BE COMPLETED BY PHYSICIAN LICENSED TO PRACTICE MEDICINE IN ALL ITS BRANCHES, A LICENSED PHYSICIAN ASSISTANT, OR LICENSED ADVANCED PRACTICE NURSE:

Medical Diagnosis of Illness/Injury:

Explain the impact of the medical condition on the child's ability to participate in education:

Anticipated duration or nature of the child's absence for school:

Note: A student is eligible to receive home/hospital services when a licensed medical physician, physician assistant, or advanced practice nurse determines that the child, due to a medical condition, will be unable to attend school, and instead must be instructed at home or in the hospital, for a period of 2 or more consecutive weeks or on an ongoing intermittent basis. An "ongoing intermittent basis" means that the child's medical condition is of such a nature or severity that it is anticipated that the student will be absent from school due to the medical condition for periods of at least 2 days at a time multiple times during the school year totaling at least 10 days or more of absences. 105 ILCS 5/14-13.01(a)

Type or Print Name of Physician, APRN, or PA

Original Signature of Physician, APRN, or PA

Provider Contact Telephone Number

Date

Provider Address

Revised July 2018

Mount Prospect School District 57

Parental Request for Home/Hospital Instruction

I hereby request home/hospital instruction for: _____
Student's Name

Student's DOB

He/She cannot attend school for the following reason:

I hereby agree to the following conditions for such instruction:

1. A maximum of five hours of home instruction per week may be provided;
2. An adult must remain in the home during the tutoring session;
3. The student and tutor should be in a room free of disturbances;
4. Parents or guardians are to assume responsibility for assisting the student in his/her study program;
5. If the student will not be available for scheduled meetings, the parents must notify the tutor or Student Services Department in advance.

Parent or Guardian Signature

Date

Student Information:

School: _____

Grade: _____

Home Address: _____

Home Phone: _____

Parent Work/Cell: _____