



MEDICAL REQUEST FOR HOME INSTRUCTION
(TO BE COMPLETED BY TREATING PHYSICIAN)

_____ is under my care for _____
(Student's Name/DOB) (Diagnosis)

OR

_____ is under my care for _____
(Student's Child's Name) (Diagnosis)

What limitations does this diagnosis cause? (e.g., severely limits ambulation)

How does this limitation affect the student's ability to attend school? (e.g., increases risk of fractures.)

Expected duration of the limitation (number of weeks): _____

Additional Comments: (please attach additional sheets as needed)

I request home instruction to be provided for _____ weeks (minimum of 4 weeks)*
*Hours of instruction: 5 hours per week for Grades K-6 and 10 hours per week for Grades 7-12.

I can be reached at: Tel. () _____ and/or Beeper () _____ on

Mon. _____ (hrs); Tues. _____ (hrs); Wed. _____ (hrs); Thur. _____ (hrs); Fri. _____

Provider's *Original* Signature: _____ License #: _____

Print Name/Degree: _____ Date: _____

PARENT CONSENT FOR RELEASE OF MEDICAL INFORMATION

Please complete the attached Authorization for Release of Health Information Pursuant to HIPPA. This form is necessary in the event additional information is required from your physician to approve the request for Home Instruction.

FOR SCHOOL USE ONLY

Student's Name: _____ DOB: _____ ID #: _____

Address: _____

All referrals should be sent to the appropriate borough office below **EXCEPT** for psychiatric referrals.

Home Instruction Bronx
c/o P.754X, Room 114
470 Jackson Avenue
Bronx, NY 10455
P (718) 742-0972
F (718) 742-1792

Home Instruction Brooklyn
c/o P.371K Annex Site
360 36th Street, Room 301
Brooklyn, NY 11232
P (718) 499-0636
F (718) 499-2305

Home Instruction Queens
c/o P.752Q, Room 228
142-10 Linden Boulevard
Jamaica, NY 11436
P (718) 529-0266
F (718) 529-0292

Home Instruction Manhattan
c/o P.721M, Room 212
250 W. Houston Street
New York, NY 10014
P (646) 486-3557
F (646) 486-3556

Home Instruction Staten Island
c/o P.371K Annex Site
360 36th Street, Room 316
Brooklyn, NY 11232
P (718) 499-2794
F (718) 706-4549

PSYCHIATRIC REFERRALS ONLY should be sent to:

Home Instruction Schools
3450 E. Tremont Ave., N.Y. 10465
P (718) 794-7200 F (718) 794-7232