



Student Wellness Services Department
Home and Hospital Instructional Services
9361 S 300 E, Sandy, UT 84070
Telephone: 801-826-5506 Fax: 801-826-5507

HEALTH PROFESSIONAL'S STATEMENT OF NEEDS

This statement is verification by a student's treating *Physician, Psychologist, or Licensed Clinical Social Worker* that the student has a condition or diagnosis that prevents her/him from attending school for ten or more consecutive school days.

Student Name: _____ Date of Birth: _____

Medical condition(s) preventing student from attending school for ten (10) or more consecutive days:

Based upon the above condition(s), describe why the student is unable to attend school. Please be specific.

Dates student is unable to attend school: ____/____/____ through ____/____/____

(Please provide specific dates. **An updated Statement of Needs must be provided to Home and Hospital Instructional Services every 120 days** for the student to remain qualified for ongoing services. The Home & Hospital Instructional Services program solely reserves the authority to waive the 120 day requirement, in writing, based on the student's long term prognosis.)

Is there a risk of contagion? Yes ____ No ____ If yes, indicate level of contagion, and measures or precautions to be followed by the Home & Hospital Teacher: _____

NAME AND ADDRESS OF HEALTH CARE PROFESSIONAL (PLEASE PRINT)

NAME

PHONE NUMBER

STREET

CITY

ZIP

This verifies that the above information is accurate as of the date below:

SIGNATURE OF PHYSICIAN OR HEATH CARE PROFESSIONAL

DATE

NOTES:

Canyons School District policy requires the student be confined at home or in a hospital due to physical or emotional illness, injury, disability or other circumstances that allow less than 50% attendance or referral by District Case Management Team. (500.46-2) In most cases, the duration of services shall be determined by the principal after consultation with the student's parents and review of information provided by the student's current treating physician, medical professional, social worker, or psychotherapist. (500.46.3) If it appears that the program is being abused by the student or student's family, the principal will initiate a formal review with the Superintendent's designee administering the Home and Hospital Instructional Program. (500.46.3)

Distribution of Copies: Principal, Parent/Guardian, Home and Hospital Instructional Services