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

Request Home and Hospital Instructional Services Form

Services must not be delayed for Special Education students

School Name _____ Date of Referral _____

Name of Teacher Assigned (Short-Term Only) _____

Student Name _____ Student # _____ Grade ____ DOB _____

Street _____ City _____ Zip _____

Parent/Guardian Name _____ Email _____

Cell Phone _____ Home Phone _____ Work Phone _____

Reason for Referral _____

Estimated duration home/hospital services will be needed __Student needs a few more credits for graduation. It is estimated 45-95 days_____

Type (select one):

- ☐ Short term (less than 45 school days)
- ☐ Long term (more than 45 school days)
- ☐ Remainder of the school year

Has the student been referred to Home/Hospital Services previously this year?

▢ Yes - Date _____ ▢ No

Has the parent/guardian been contacted about this referral?

▢ Yes - Date _____ ▢ No

SCHOOL MUST COMPLETE THIS SECTION

Current IEP? ▢ Yes ▢ No

Classification

_____

SCRAM Date

_____

File located at

_____

Student's current schedule	Teacher
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ _____/_____/_____

Administrator Signature Date

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