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|  | ABERDEEN SCHOOL DISTRICT 6-1 | NEPN Code: IHBF-E |
| | POLICIES AND REGULATIONS | |

HOME/HOSPITAL BOUND INSTRUCTION REFERRAL

Student Name _____ **Date** _____

School _____ **Grade** _____

Parent/Guardian Name: _____

Address: _____ **Phone Number** _____

Medical provider's statement (Please provide specific detail why the student is at risk to attend school in person). *To be completed by the student's primary medical provider

_____ **Date** _____
Provider's Name and Signature

Below to be completed by school personnel:

Action to be taken _____

Teacher Assigned _____ **Date Services Completed** _____

Principal making request to Superintendent _____

ADOPTED: November 9, 1998
 REVISED: October 24, 2005
 REVIEWED: July 14, 2008
 REVIEWED: September 9, 2013
 REVIEWED: October 10, 2017
 REVISED: June 14, 2021