

GARFIELD PUBLIC SCHOOLS
Child Study Team

REQUEST FOR HOME INSTRUCTION - SCHOOL YEAR: _____

Student _____ Phone _____

Cell _____

Address _____ D.O.B. _____

School/Program _____ Grade _____

To: School/Program _____

Reason for Home Instruction:

Illness _____

Pending Placement _____

School Placed _____

Other _____

Documentation _____

Dr. Note: _____ CST Memo _____ Parents/Guardian Letter: _____

Library _____ School _____ Home _____

Teacher (s) _____ Cell # _____

Facility providing home instruction _____

Out of District Teacher _____

Address _____

Phone # _____ Cell # _____

Instruction Dates: Start _____ Ended: _____

Note to Return _____

Submitted By: _____ Case Worker

Signature: _____ Special Services Supervisor

Superintendent's Approval: _____

Approved Board of Education Date: _____

**** NOTE:**

IT IS THE RESPONSIBILITY OF THE CASEWORKER TO INFORM THE SUPERINTENDENT'S OFFICE AS TO THE DATE WHEN HOME INSTRUCTION HAS ENDED. ALSO, THE CASE WORKER MUST SUBMIT TO THE SUPERINTENDENT'S OFFICE A MONTHLY BILLING STATEMENT FOR THIS STUDENT (AND A PURCHASE ORDER IF OUT OF DISTRICT TEACHER)

TOTAL HOURS _____