



Department of School Support
7905 S. Redwood Road, West Jordan, UT 84088
(801) 567-8088

HEALTH PROFESSIONAL'S STATEMENT OF NEEDS

(Please read *Letter to Health Care Provider on the reverse side.*)

This statement is to be completed by the **Physician, Psychologist, or Social Worker** providing the verification and treatment of the individual listed below whose condition requires his/her absence from school.

Student _____

Diagnostic Statement _____

Based upon the above diagnosis, why is the student unable to attend school? _____

How long will the student required Home & Hospital Services?

Start date _____

End date _____

Indicate limitations in the provision of educational services: _____

Is there a risk of contagion? Yes _____ No _____

If yes, indicate level of contagion and measures or precautions to be followed by the Home and Hospital Teacher:

NAME AND ADDRESS OF HEALTH CARE PROFESSIONAL
(PLEASE PRINT)

NAME

PHONE NUMBER

STREET

CITY

ZIP

SIGNATURE OF PHYSICIAN OR HEALTH CARE PROFESSIONAL

August 1, 2016

Dear Health Care Provider,

Please consider carefully any recommendation you make concerning the referral of a patient for Home and Hospital Services. The long term Home and Hospital Program was designed to meet the basic academic needs of students who are unable to attend school for a period of **nine weeks or longer** due to either medical or emotional reasons. Your patient will only have contact with a teacher once a week for two hours. In addition, due to the limited course structure of the program, upper level math, science and honor classes are not available.

If the student is diagnosed as having an emotional disorder (i.e. depression, anxiety, school phobia, etc.), please *specifically list the factors* that would interfere with the student's ability to function in a school setting.

In the case of pregnancy, the district offers a Teen Mother's Program. Students in this program are required to attend classes one night per week from 3:45 to 8:30 p.m. The Home and Hospital Program should be recommended *only* in the event the student is medically unable to attend the Teen Mother's Program.

If, after due consideration, you feel that the Home and Hospital Program is appropriate for your patient, please complete the statement of needs (reverse side) and return it to the School Support Department at the Auxiliary Service Building located at 7905 South Redwood Road.

I would be happy to answer any questions that you may have.

Sincerely,

Mary Ann Erdmann
Consultant
Home and Hospital/ School Support
801-567-8088
maryann.erdmann@jordandistrict.org