

### MEDICAL REQUEST FOR HOME INSTRUCTION

(To be completed by the Student's Treating Physician and/or Psychiatrist)

Student's name (Last, First)	DOB
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**Is under my care for the following (Diagnosis):**

*Home instruction provides 5 hours of instruction per week for Grades K-6 and 10 hours per week for Grades 7-12.*

**Please provide detailed and specific information defining the limitations that the student has in order to inform the Department of Education about the necessity of Home Instruction services. Attach additional documentation as needed.**


**I hereby request that this child receive Home Instruction because of the above limitations due to this/these diagnosis/es which preclude this child's attending school.**

**This request is based on:**       **parental request**       **my professional opinion**  
 **other** \_\_\_\_\_

**I request that Home Instruction be provided for \_\_\_\_\_ weeks (no less than 4 weeks)**

Practitioner's Name (print)	Degree
Practitioner's Original Signature	License

#### CONTACT INFORMATION

Telephone #	Extension	Email
Cell phone #	Pager #	

Times/hours I can be reached: **Mon** \_\_\_\_\_ **Tues** \_\_\_\_\_ **Wed** \_\_\_\_\_ **Thurs** \_\_\_\_\_ **Friday** \_\_\_\_\_

<input type="checkbox"/> <b>Attending Physician or Fellow</b>	<input type="checkbox"/> <b>other</b> _____
<input type="checkbox"/> <b>Psychiatrist</b>	_____
<input type="checkbox"/> <b>Nurse Practitioner</b>	_____
<input type="checkbox"/> <b>Oral Surgeon</b>	_____
<input type="checkbox"/> <b>Podiatrist</b>	_____

**PRACTITIONER'S STAMP**

**NOTE: Residents are not allowed to complete this form.**

All referrals should be sent to the appropriate borough office

<input type="checkbox"/> <b>Bronx</b> 470 Jackson Avenue Room 112 Bronx, NY 10455 (P) 718-742-0972 (F) 718-742-1792	<input type="checkbox"/> <b>Brooklyn</b> 360 36 <sup>th</sup> Street Brooklyn, NY 11232 Room 308 (P) 718-369-5523 (F) 718-369-5524 Room 317 (P) 718-499-2794 (F) 718-499-4009	<input type="checkbox"/> <b>Manhattan</b> 250 West Houston Street Room 212 New York, NY 10014 (P) 646-486-3557 (F) 646-486-3556	<input type="checkbox"/> <b>Queens</b> 142-10 Linden Boulevard Room 228 Jamaica, NY 11436 (P) 718-558-2040 (F) 718-529-0292	<input type="checkbox"/> <b>Staten Island</b> 360 36 <sup>th</sup> Street Room 301 Brooklyn, NY 11232 (P) 718-369-5550 (F) 718-499-2305
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