



Student Support Services
7387 S. Campus View Drive, West Jordan, UT 84084
(801) 567-8187



HEALTH PROFESSIONAL'S STATEMENT OF NEEDS

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

This statement is to be completed by the *Physician, Psychologist or Licensed Clinical Social Worker* providing the verification and treatment of the individual listed below whose condition requires his/her absence from school for a period of **ten consecutive school days or longer**.

| | | | |
|---|--|-----------------------|--|
| Student's Name | | Student's School Name | |
| Diagnostic Statement | | | |
| Based upon the above diagnosis, why is the student unable to attend school? | | | |
| How long will the student require Home & Hospital Services? | | | |
| Start Date: | | End Date: | |
| Indicate any limitations in the provision of educational services: | | | |
| Is there a risk of contagion? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, indicate level of contagion and measure or precautions to be followed by the Home & Hospital teacher: | | | |

Name and Address of Healthcare Professional

Name (Please Print)

Phone Number

Street Address

City, Zip

Signature of Physician or Healthcare Professional

Dear Healthcare Provider:

Please consider carefully any recommendation you make concerning the referral of a patient for Home & Hospital Services. The long-term Home & Hospital program is designed to meet the basic academic needs of a student who is unable to attend school for a period of forty-six consecutive school days or longer due to medical or emotional reasons.

Elementary students receiving Home & Hospital services will be provided work by the classroom teacher. Secondary students receiving Home & Hospital services will be provided with a Home & Hospital teacher who will provide some curriculum, needed tutoring and support. The student will have access to the general education curriculum and a limited number of elective classes. A Home & Hospital teacher will meet with the student for two hours a week to help with the student's assignments. Students in grades 9-12 receiving Home & Hospital services cannot be guaranteed to be on a path to complete their diploma with their class cohort.

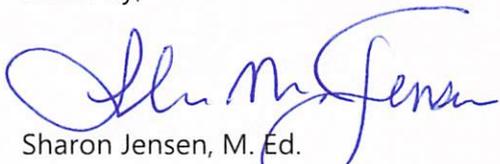
If the student is diagnosed as having an emotional disorder (i.e. depression, anxiety, school phobia, etc.), please specifically list the factors that would interfere with the student's ability to function in a school setting.

We know that attending school and socializing with peers is an important part of a student's education. Therefore, if a student is able to continue with a class or two (up to four classes) at school, we will provide curriculum in the form of course packets to be completed with the guidance of the Home & Hospital teacher.

The Home & Hospital program is available in the event that a pregnant student is medically unable to attend school. The pregnant student is encouraged to call Valley High School (801-572-7035) for more information about the Jordan School District Teen Parent program.

If, after due consideration, you feel that the Home & Hospital program is appropriate for your patient, please complete the Statement of Needs form, **including the start and end date**, and then return the form to the Student Support Services department at the District Office, located at 7387 S. Campus View Dr., West Jordan, 84084.

Sincerely,



Sharon Jensen, M. Ed.
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