

**Parent Agreement Letter for Home/Hospital Instruction**\_\_\_\_\_  
*Date*

Dear Parent:

\_\_\_\_\_  
*Student's Name* a student at \_\_\_\_\_  
*Name of School*

has met the requirements for the Home/Hospital Instruction Program.

There are several ways in which you can assist us in continuing the education of your child during his/her illness:

1. A responsible adult must be present in the home/hospital room during the time the Home/Hospital Teacher is present.
2. The Home/Hospital Teacher meets with the student a minimum of one hour on two (2) school days per week for individualized instruction. Absences are unexcused unless pre-arranged and the time rescheduled with the Home/Hospital Teacher during that same week.
3. A student with a communicable disease, as verified by a health professional, shall be eligible for the Home/Hospital Instruction Program. However, should the student's condition pose a serious health threat to the Home/Hospital Teacher, the student may receive alternate instruction such as correspondence, computer-assisted instruction, or video during the period of contagion.
4. Please check with your child regarding completion of required daily assignments in order to be ready for instruction at the next designated time.
5. Please provide a suitable work-study area where student and teacher can work with no interruption (for example: CD, tape player, and TV turned off). The area should be clean, neat, and free from household traffic.
6. Other children, visitors, or pets should be kept out of the room so that the teacher will have the student's full **attention**.
7. Arrange for the child to have sufficient rest and to be ready for work when the teacher arrives at the home.
8. Complete the Application for Home/Hospital Instruction, including release of medical information to school officials.
9. In addition to the scheduled weekly home/hospital instruction, the student will work independently to complete assignments.

*I agree to abide by the above requirements and grant permission for this child to receive home/hospital instruction.*\_\_\_\_\_  
*Parent/Guardian's Signature*\_\_\_\_\_  
*Date*

Review/Revised:3/10/2003