

OTTAWA-GLANDORF SCHOOLS

**HOME INSTRUCTION
PHYSICALLY HANDICAPPED CHILD**

TO BE COMPLETED BY PARENT

Name of Student _____

Date of Birth _____ Sex _____

Address _____ Telephone _____

Date child last attended school _____ Grade _____

School Building _____

TO BE COMPLETED BY PHYSICIAN

Explanation of handicapping condition: _____

Date of last examination _____

Will child's physical condition preclude regular school attendance? Yes _____ No _____

Specify reason: _____

Probable period child will be unable to attend school: _____

Physician's Name _____

Address _____

Telephone _____

Physician's Signature _____ Date _____

APPROVAL

To be completed by Ottawa-Glandorf Schools following completion of upper portions.

Approved: Yes _____ No _____ EMIS Handicapping Condition: _____

Name of Tutor Assigned _____

Superintendent's Signature _____ Date _____