Guidance, Career Development & Student Well-Being

Email: HomeInstruction@tdsb.on.ca

APPLICATION FOR HOME INSTRUCTION

CRITERIA: Home Instruction provides 3-5 hours *(3 for Elementary, 3-5 for Secondary)* per week of direct/synchronous academic instruction by certified teachers for students meeting the following:
- Unable to attend school for medical reasons *(short-term or long-term physical condition)* for a period of 16+ days
- The medical condition does not preclude receiving Home Instruction *(either in-person or remotely via computer)*

For additional information about Home Instruction consult Operational Procedure PR554.

TO BE COMPLETED BY THE SCHOOL:

(Please note that home instruction will be delivered in the same format as the student's day school delivery format)

Student Name*: (Last Name, First Name)*	D.O.B.*: (day/month/year)*	Gender:	Student No.:
Address:			Postal Code:
Parent's Name:	Home Phone:		Cell Number:
Course(s) Requested:	Grade Level:	Number of Consecutive Absences:	
School Name:	School Phone Number:		
School Contact:	Requested Home Instruction Teacher *(from the student's home school)*:		
Principal Name :	Signature of Principal/Designate:		Date:

Use the checklist, below, to confirm that the following required documents are attached to this application:

Student Index Card

Student Timetable

Consecutive Absences Report *(15 consecutive absences)*

Individual Learning Profile - School Support Team *(must include in-school supports during the absence and home instruction recommendation)*

Return-to-School Plan *(at the end of home instruction)*

TO BE COMPLETED BY THE PARENT:

On behalf of the above-named student, I request that Home Instruction be provided and authorize _____ to complete Section C below. *(Attending Physician's Name – Please Print)*
Signature of Parent/Guardian: Date:

TO BE COMPLETED BY THE ATTENDING PHYSICIAN

This is to certify that the *above-named student* is under my care for the **following medical reasons:**   It is my medical opinion that this student meets the **above criteria** for Home Instruction.
Expected absence from school *(12 weeks max.)*:   to
Physician's Name: Phone Number:
Physician's Address:
Signature of Physician: Date: