**Application for Home Teaching (HT) Services**

**Please consult the** [**Guidelines for Home Teaching Services**](https://www.gov.nl.ca/education/files/k12_studentsupportservices_ht_guidelines_oct2015.doc)

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| Student Name: Click here to enter text. | Date of Birth: Click here to enter a date. |
| Grade: Click here to enter text. | Region/District: Choose an item. |
| School Name:  Click here to enter text. | Period of absence from school: Choose an item.  If you selected ‘Other’ please explain:  Click here to enter text. |
| Reason for absence:  Accessibility  Social-Emotional/Behavioural  Medical  Other  If you selected ‘Other’ please explain:  Click here to enter text. | |
| Is this student availing of courses through CDLI? Choose an item.  Yes List the course(s). Click here to enter text.  No If this student is registered in a Level I, II, or III course please explain why they are not availing of CDLI. Click here to enter text. | |
| Please indicate that the following criteria have been met:  The student is unable to attend school for a minimum of 1 month or can attend school less than the equivalent of 2 days/week, for at least 2 months.  The student is enrolled in and is attempting to continue work on courses they are unable to access through CDLI.  The student is not confined to a hospital during this timeframe.  The student is not being Home Schooled.  A medical note is attached which specifies the reason for, and the timeframe of, the absence.  Arrangements have been made for schoolwork to be provided to the student during this period.  Arrangements have been made to evaluate the effectiveness of Home Teaching Services and other services being provided.  Comments/Additional Information:  Click here to enter text. | |
| List the specific course name(s) for which HT Services are being requested: Click here to enter text. | |
| Total number of hours being requested (to a maximum of 10 hours/month and a yearly total of 30 hours): Choose an item.  If you selected ‘Other’ please explain:  Click here to enter text. | |
| Number of months HT services will be required (to a maximum of 5 months): Choose an item. | |
| Type of application (select one):  New – If this is a **New** application, complete **Section A**: **New Applications**  Extension – If this is an application for **Extension**, complete **Section B: Extensions** | |
| **Section A: New Applications**  **To be completed by School Administrator and submitted to District Student Services personnel.**  This application meets eligibility requirements, as outlined above.  **Parent/Guardian Signature: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Administrator Signature: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Administrator Email address:** Click here to enter text. | |
| **To be completed by District Student Services Personnel and submitted to Department of Education Student Services Personnel.  Please choose one.**  I have reviewed this application, confirm it is complete and meets eligibility guidelines and I support this application.    I have reviewed this application, confirm it is complete but does not meet eligibility guidelines and I support this application.  I have reviewed this application and am unable to support it at this time.  **Comments/Additional Information:**  Click here to enter text.  I verify that a medical note is attached to this application.  **District Reviewer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_ **Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **District Reviewer Email:** Click here to enter text.  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **For EDU Use:**  **Date Reviewed:** Click here to enter a date.  **EDU Reviewer:** Click here to enter text.  **Approved**  **Not Approved**  **Requires Additional Information**  **Approval Start Date:** Click here to enter a date.  **Approval End Date:** Click here to enter a date.  **Comments: Click here to enter text.** | |

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| **Section B: Extensions**  **To be completed by School Administrator and submitted to District Student Services personnel.**  Number of HT hours used to date during this school year: Choose an item.  If you selected ‘Other’ please explain: Click or tap here to enter text.  Please explain the measures the school has put in place to support the student during their absence: Click here to enter text.  What is the expected date for the student’s return to school? Click here to enter a date.  What is the detailed plan for the student’s transition back to school? Click or tap here to enter text.  Additional information to support this request: Click here to enter text.  **Parent/Guardian Signature: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Administrator Signature: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Administrator Email address:** Click here to enter text. |
| **To be completed by District Student Services Personnel and submitted to Department of Education Student Services Personnel.  Please choose one.**  I have reviewed this application, confirm it is complete and meets eligibility  guidelines and I support this application.    I have reviewed this application, confirm it is complete but does not meet eligibility guidelines and I support this application.  I have reviewed this application and am unable to support it at this time.  **Comments/Additional Information:**  Click here to enter text.  **District Reviewer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_ **Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **District Reviewer Email:** Click here to enter text.  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **For EDU Use:**  **Date Reviewed:** Click here to enter a date.  **EDU Reviewer:** Click here to enter text.  **Approved**  **Not Approved**  **Requires Additional Information**  **Approval Start Date:** Click here to enter a date.  **Approval End Date:** Click here to enter a date.  **Comments: Click here to enter text.** |