

## Application for Home Teaching (HT) Services

Please consult the [Guidelines for Home Teaching Services](#)

Student Name: _____	Date of Birth: _____
Grade: _____	Region/District: _____
School Name: _____	Period of absence from school: _____ If you selected 'Other' please explain: _____
Reason for absence: <input type="checkbox"/> Accessibility <input type="checkbox"/> Social-Emotional/Behavioural <input type="checkbox"/> Medical <input type="checkbox"/> Other If you selected 'Other' please explain: _____	
Is this student availing of courses through CDLI? <input type="checkbox"/> Yes List the course(s). _____ <input type="checkbox"/> No If this student is registered in a Level I, II, or III course please explain why they are not availing of CDLI. _____	
Please indicate that the following criteria have been met: <input type="checkbox"/> 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. <input type="checkbox"/> The student is enrolled in and is attempting to continue work on courses they are unable to access through CDLI. <input type="checkbox"/> 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:

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List the specific course name(s) for which HT Services are being requested:

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Total number of hours being requested (to a maximum of 10 hours/month and a yearly total of 30 hours): \_\_\_\_\_

If you selected 'Other' please explain:

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Number of months HT services will be required (to a maximum of 5 months): \_\_\_\_\_

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:** \_\_\_\_\_

**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:**

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I verify that a medical note is attached to this application.

**District Reviewer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**District Reviewer Email:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For EDU Use:**

**Date Reviewed:** \_\_\_\_\_

**EDU Reviewer:** \_\_\_\_\_

- Approved**
- Not Approved**
- Requires Additional Information**

**Approval Start Date:** \_\_\_\_\_

**Approval End Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**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: \_\_\_\_\_

If you selected 'Other' please explain: \_\_\_\_\_

Please explain the measures the school has put in place to support the student during their absence: \_\_\_\_\_

What is the expected date for the student's return to school? \_\_\_\_\_

What is the detailed plan for the student's transition back to school?  
\_\_\_\_\_  
\_\_\_\_\_

Additional information to support this request:  
\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Administrator Email address:** \_\_\_\_\_

**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.
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**Comments/Additional Information:**

\_\_\_\_\_

**District Reviewer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**District Reviewer Email:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For EDU Use:**

**Date Reviewed:** \_\_\_\_\_

**EDU Reviewer:** \_\_\_\_\_

**Approved**

**Not Approved**

**Requires Additional Information**

**Approval Start Date:** \_\_\_\_\_

**Approval End Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_