





HHB Teacher Name: \_\_\_\_\_

**Medical considerations for instruction:**

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**Other accommodations:**

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If the above mentioned parent/guardian is not at home at the time of the scheduled instructional session, the following adult designee is authorized to monitor the session. I certify that this person is 21 years of age.

Adult Parent Designee: \_\_\_\_\_

Phone (where parent can be reached): \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Reentry Plan**

**Anticipated date of return to school:** \_\_\_\_\_

**Strategies to facilitate the student's reentry to school:**

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Parent/Guardian Printed Name Date

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Parent/Guardian Signature Date

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School Team Designee/IEP Designee Printed Name Date

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School Team Designee/IEP Designee Signature Date

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Principal or Designee Printed Name Date

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Principal or Designee Signature Date

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HHB Teacher Printed Name Date

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HHB Teacher Signature Date