

JHD-EC ©

EXHIBIT

**EXCLUSIONS AND EXEMPTIONS
FROM SCHOOL ATTENDANCE**

**INSTRUCTIONAL AGREEMENT FOR STUDENTS WITH
CHRONIC HEALTH CONDITIONS**

School year _____

Student's name Grade level Date

Parent's name Address

Person responsible for homework coordination Position School

Eligibility checklist:

- _____ 1. Medical certification of chronic health condition (diagnosis, prognosis, and inability to attend school regularly).
- _____ 2. Medical certification of physical limitations for physical education.
- _____ 3. District office has noted chronic condition on attendance register.
- _____ 4. If applicable, the school nurse informed of student's chronic health condition.
- _____ 5. Student's teacher(s) informed of student's chronic health condition.
- _____ 6. If applicable, school counselor informed of student's chronic health condition.
- _____ 7. Physical education activities/requirements adapted according to medical certification.
- _____ 8. Certificated teacher to provide homework and contact with _____ during absences for the school year as follows:

Signature

Signature

9. Parent/guardian agrees to return completed home-work to the school for absences during the school year as follows:

Approved:

Superintendent's signature

Annual review of instructional agreement:

___ Number of excused absences due to chronic condition Promotion requirements met via completed home-work for excused absences Transcripts & attendance record attached

For the _____ school year, should / should not be registered as having a chronic health condition.

Superintendent's signature

Parent's signature

Date