



**INSTRUCTIONAL AGREEMENT FOR STUDENTS
WITH CHRONIC HEALTH CONDITIONS**
School Year _____

Complete only if the student does not have a completed 504 accommodation plan.

Student's Name	Matric	Grade	School
Parent's Name	Address		City
Parent's home phone #	work phone #	cell phone #	
Person Responsible for Homework Coordination	Position	Phone	

Date	Notification and Communication
	Medical Certification of chronic health condition (diagnosis, prognosis, and inability to attend school regularly).
	Chronic condition has been noted on attendance register.
	Student referred for evaluation to the 504 coordinator.
	Student's teacher(s) informed of student's chronic health condition.
	School guidance counselor informed of student's chronic health condition.
	Physical Education activities/requirements adapted according to medical certification.
	Certified teacher agrees to provide school work, ongoing communication and feedback on progress during absences as follows:
	Parent/guardian agrees to return completed school work to the school in a timely manner and update the school regarding the absences as follows:
	Scheduled annual review of instruction and student needs.

Parent/Guardian Signature Date

Principal/Designee Signature Title Date