

## PHYSICIAN'S LETTER

**From:** Wanda Pietersz  
Plano Independent School District  
School Age Parent Program

**To:**

**Date:**

**Re:** Compensatory Education Home Instruction for  
\_\_\_\_\_ (student's name)

The above named student has indicated possible eligibility for Compensatory Education Home Instruction educational services. These services are provided for students who will be physically unable to attend school due to their pregnancy.

A student may be eligible for CEHI services when pregnancy prevents the student from attending school and during the postpartum period. The student would receive instruction in the home until she is physically able to return to school. **Students are encouraged to return to school within a minimum of four weeks after delivery, not to exceed six weeks.** If there are unusual complications from the pregnancy and/or delivery, you may prescribe extension of the postpartum period for up to four additional weeks. This extension may be for complications with the student mother's health or with her newborn infant's health. Returning to school in a timely manner will facilitate student success.

Please complete the attached forms so that we will be able to consider the medical needs of this student and how they might be affecting her education. This will enable us to determine if this student is eligible for CEHI. This signed letter, along with the attached form must be on file in order for students to receive CEHI. Please return both forms to:

Wanda Pietersz, School Age Parent Coordinator  
Plano ISD  
1300 19<sup>th</sup> Street  
Plano, TX, 75074

Phone: 469-752-2293  
Fax: 469-752-2291

Thank you.

**I have read and understand the contents of this letter.**

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**MEDICAL EXTENSION – HOSPITAL/HOME  
COMPENSATORY EDUCATION HOME INSTRUCTION**

Wanda Pietersz  
Plano Independent School District  
School Age Parenting Program  
1300 19<sup>th</sup> Street  
Plano, Tx 75074  
Phone (469) 752-2293 Fax (469) 752-2291

Note to Physician: Please carefully complete the information below and return as soon as possible to Wanda Pietersz (see address and fax above). This information is required to begin student services.

Student's Name: \_\_\_\_\_  
Last First Middle

Student's Birth Date: \_\_\_\_\_ Date of Delivery(if applicable)\_\_\_\_\_

This student's illness **(is) (is not)** communicable, infectious or contagious to others and is not expected to be so for the length of time that home or hospital teaching is requested.

Reason for Confinement:  
Postpartum Recovery \_\_\_\_\_  
Illness/complications due to pregnancy \_\_\_\_\_

Estimated Period of Confinement: \_\_\_\_\_

Precautions: \_\_\_\_\_

Restrictions which CEHI teacher should observe in working with the students are as follows:  
\_\_\_\_\_

Prognosis for Improvement of Physical Condition \_\_\_\_\_

\_\_\_\_\_  
Date Signature of Licensed Physician Name (Please Print or Stamp)

Physician's Address: \_\_\_\_\_

Physician's Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_