



Jeffrey C. Riley
Commissioner

Massachusetts Department of Elementary and Secondary Education

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Physician's Affirmation of Medical Reasons That Student is Likely to Remain at Home, in a Hospital, or in a Pediatric Nursing Home for More than 60 School Days

Massachusetts Department of Elementary and Secondary Education regulation, 603 CMR
28.04(4) provides:

If, **in the opinion of the student's physician**, an eligible student is likely to remain at home, in a hospital, or in a pediatric nursing home for medical reasons **for more than 60 school days in any school year**, the Administrator of Special Education shall, **without undue delay, convene a Team** to consider evaluation needs and, if appropriate, to amend the existing IEP or develop a new IEP suited to the student's unique circumstances.

RETURN THIS COMPLETED FORM TO YOUR SCHOOL DISTRICT

Student Information:

Student Name: _____ DOB: _____
Address: _____ School District Name: _____

Physician Information:

Physician's Name: _____ Telephone #: _____
Type of Authorizer (M.D. or Nurse Practitioner): _____
License # _____
Address: _____

I affirm that it is likely that it will be medically necessary that the above-named student remain:

- ☐ At home or
- ☐ in a hospital or
- ☐ in a pediatric nursing home or
- ☐ any combination of the three

For a period of more than 60 school days in the school year.

Medical diagnosis and reason(s) student must remain in the home, hospital, pediatric nursing home, or is otherwise unable to attend school for medical reasons:

Date student was admitted to hospital or pediatric nursing home, or began medical treatment at home: _____

- ☐ The student is expected to be in the home, hospital, or pediatric nursing home for the remainder of the school year due to the medical condition, or
- ☐ The student is expected to return to school on (Date must be provided) _____.
(If there is a continued medical need beyond this date, a new signed form from the physician to verify the need to continue the provision of educational services in the home, hospital, and/or pediatric nursing home.)

**Physician's Affidavit of Student's Medical Need for Educational Services in the Home,
Hospital or Pediatric Nursing Home**

I am the above-named student's treating physician and am responsible for the student's medical care. I hereby certify that the student is likely to remain at home, in a hospital, or in a pediatric nursing home for a period of more than 60 school days in the school year, or on a recurring basis that will accumulate to more than 60 school days over the course of the school year, for the medical reasons articulated above.

Physician's Signature: _____

Date: _____

Please note that, if further information is needed, the school district may seek parental consent and be in contact with you as the treating physician.

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Additional information can be found via the [Question and Answer Guide on the Implementation of Educational Services in the Home or Hospital](#).