 **CAMDEN CITY SCHOOL DISTRICT**

201 N. FRONT ST, CAMDEN, NEW JERSEY 08102

856-966-2000 ● www.camden.k12.nj.us

Paymon Rouhanifard

Superintendent

**JUSTIFICATION FOR: HOME INSTRUCTION**

**Date:** Click here to enter a date.

**To:** Camden County Supervisor

**From:** Camden City Schools, Senior Director of Special Services

**Re:** Click here to enter text. ID# Click here to enter text. DOB: Click here to enter text.

**Check the appropriate box:** [ ]  Initial Request [ ]  Continuation

**The following items must be completed prior to submitting the request for HOME INSTRUCTION:**

1. Describe the student’s need and instructional considerations that support the request for Home Instruction. (Include this information in the PLAAFP.)

Click here to enter text.

2. Document ALL other less restrictive program options that have been considered and determined inappropriate. Attach information as needed. (Include this information on the IEP.)

Click here to enter text.

*Completed by:*

Choose an item.

**UPLOAD THIS COMPLETED FORM TO THE STUDENT’S IEP DIRECT DOCUMENT REPOSITORY.**