

HI-PREG

**FINDLAY CITY SCHOOLS**  
Student Services  
2019 Broad Ave.  
Findlay, OH 45840

**PHYSICIAN'S REPORT ON HOME INSTRUCTION FOR PREGNANCY**

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **TELEPHONE NUMBER:**

\_\_\_\_\_

**DATE CHILD LAST ATTENDED SCHOOL:** \_\_\_\_\_ **BUILDING:**

\_\_\_\_\_

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**TO BE COMPLETED BY PHYSICIAN**

This form is to be completed if the student is physically unable to attend school for more than 20 consecutive school days **due to complications with the pregnancy**. Please complete all the information requested below as soon as possible. Home Instruction should only be recommended when classroom attendance is not possible as defined by Findlay City Schools procedure.

Medical Status:

\_\_\_\_\_  
\_\_\_\_\_

Date of Last Examination:

\_\_\_\_\_

Expected Due Date (if applicable):

\_\_\_\_\_

Expected Date of Return to School:

\_\_\_\_\_

\_\_\_\_\_  
Physician's Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Phone

Date: \_\_\_\_\_

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

Complete and return **as soon as possible** to Richard Steiner, Director of Secondary Instruction, Findlay City Schools, 2019 Broad Ave. Findlay, OH 45840-3377.

**GRADS**

Enrollment Date: \_\_\_\_\_ Student ID#/Home School \_\_\_\_\_

Non-enrollment date: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Year in GRADS? 1 2 3 4

Student Address: \_\_\_\_\_ County \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Ethnic Group: American Indian Black Hispanic Caucasian Multi-Ethnic

Your Marital Status: Single Married Divorced

Spouses's name \_\_\_\_\_

Your Parent's or Guardian's Names and Addresses:

Mother \_\_\_\_\_ Father \_\_\_\_\_

***If you are an expectant parent, complete this section:***

Is the other parent still in school? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If yes, name and school he/she attends:

Name \_\_\_\_\_ School \_\_\_\_\_

Confirmation of pregnancy by: \_\_\_\_\_ Pregnancy # 1 2 3

Baby's

Due Date: \_\_\_\_\_ Date Delivered: \_\_\_\_\_ Birth Weight \_\_\_\_\_ lb. \_\_\_\_\_ oz.

Sex: \_\_\_\_\_ Length: \_\_\_\_\_

Doctor or Clinic for Prenatal Care: \_\_\_\_\_

You first received prenatal care in which month of pregnancy? 1 2 3 4 5 6 7 8 9

Hospital you expect to deliver in: \_\_\_\_\_

Have you chosen the baby's pediatrician? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Name of pediatrician: \_\_\_\_\_

***If you are a parent, complete this section:***

Child(ren): \_\_\_\_\_ Child(ren)'s Birth date \_\_\_\_\_

Please Circle:

1. \_\_\_\_\_ M F \_\_\_\_\_

2. \_\_\_\_\_ M F \_\_\_\_\_

Who provides care for your child while you are at school? Nuclear family

Extended family member Non-family member Day Care Center

Are you or the other parent receiving any of the following assistance? Please check each one that applies.

<input type="checkbox"/> Single Parent Grant	<input type="checkbox"/> Social Security	<input type="checkbox"/> JTPA
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> School Lunch - FREE	<input type="checkbox"/> LEAP
<input type="checkbox"/> Subsidized housing	<input type="checkbox"/> School Lunch - REDUCED	<input type="checkbox"/> Title XX
<input type="checkbox"/> Healthy Start	<input type="checkbox"/> Child Support-Court ordered	<input type="checkbox"/> ADC
<input type="checkbox"/> Other	<input type="checkbox"/> WIC	<input type="checkbox"/> Med. Card

**EDUCATION INFORMATION**

Have you ever repeated a grade? **yes no** If yes, was it K 1 2 3 4 5 6 7  
8 9 10 11 12

Have you ever dropped out of school? **yes no**  
If yes, did you return to graduate? **yes no**

Are you enrolled in a job training/occupational program? **yes no**  
Which one? \_\_\_\_\_

Are you currently on an IEP? **yes no** Circle only one of the following:

DEAF	DEVELOPMENTALLY HANDICAPPED	HARD OF HEARING
DEAF-BLIND	MULTI-HANDICAPPED	VISUALLY HANDICAP
NON-SPECIFIC DISABILITY	SPECIFIC LEARNING DISABILITY	SPECIFIC HANDICAP
OTHER HEALTH IMPAIRED	ORTHOPEDICALLY HANDICAPPED	SEVERE BEHAVIOR HANDICAPPED

Have you ever been enrolled in GRADS before? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, at  
what school? \_\_\_\_\_

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FOR OFFICE USE ONLY

Date	Name	Reason for exiting GRADS:
_____	_____	Graduation                      GED
		Dropped Out                      Transferred to
		Home Schooled    other school:
		Refused Program

Adopted 8/25/97  
Reviewed 6/13/05  
Reviewed 6/19/12  
Reviewed 8/27/13  
Revised 8/7/2017

**CHECKLIST**

**Student Name**

- 1. GRADS in-take page and Medical Notification \_\_\_\_\_
- 2. Explanation of Pregnancy Attendance Procedure \_\_\_\_\_
- 3. Current Schedule \_\_\_\_\_
- 4. Notify the Parents with Pregnancy Attendance Procedure \_\_\_\_\_
- 5. Notify the Doctor with Pregnancy Attendance Procedure \_\_\_\_\_
- 6. Notify the Guidance Counselor with Pregnancy Attendance Procedure \_\_\_\_\_
- 7. Notify the Grade Level Principal with Pregnancy Attendance Procedure \_\_\_\_\_
- 8. Notify the Teacher with Pregnancy Attendance Procedure \_\_\_\_\_
- 9. Notify the School Nurse with Pregnancy Attendance Procedure \_\_\_\_\_
- 10. Emergency Release Form addressing pregnancy \_\_\_\_\_
- 11. Date assignments were requested \_\_\_\_\_

Teacher/Subject Date	Teacher/Subject Date	Teacher/Subject Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 12. Assignments delivered to student \_\_\_\_\_
- 13. Date of student's return to school \_\_\_\_\_
- 14. Date of student's need for home instruction \_\_\_\_\_
- 15. Student signature and date upon return to school.  
\_\_\_\_\_

Adopted 8/25/97  
Reviewed 6/13/05  
Reviewed 6/18/12  
Reviewed 8/27/13