

Home Study Enrollment – Independent Professional Evidence

This form, *or an accepted alternative of this form* (see below) is required for a first time Home Study enrollment.

This form allows an independent professional to determine whether your student has a documented disability, as required by Vermont Statute 16 V.S.A. 166b(4):

For each child not previously enrolled in a Vermont public school or Vermont home study program, independent professional evidence regarding whether the child has a documented disability and how the disability may affect the student's educational progress in a home study program.

If your student does have a documented disability, then you may wish to submit an *accepted alternative* (see below), instead of this form.

- This form must be completed by a licensed independent professional.
 - e.g., health care professional, mental health provider or licensed educator or licensed special educator/related service provider, etc.
- This form cannot be completed by a parent/guardian or relative of the student.

Accepted Alternatives of this Form

- Their most recent report card from a *Vermont public school*
 - A private school or online school report card *cannot be accepted*.
- A letter, results from a screening or summary of an evaluation, IEP or 504 plan
 - from a physician, licensed special educator, licensed related service provider, psychologist/psychiatrist, or licensed classroom teacher

Instructions for Licensed Independent Professionals:

Please fill out the following sections, based upon your familiarity with this student. If you are not familiar with the student, you should determine whether the student has a documented disability, and how that may affect their education progress in a Home Study program.

Questions?

Please contact the Home Study Office at AOE.Homestudy@vermont.gov, or at our contact information above.

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Student's Name: _____ Date of Birth: _____

Independent Professional Name (Print): _____

Title of Independent Professional: _____

Independent Professional's Place of Employment or Practice:

Contact Information for Independent Professional:

Phone: _____ Email: _____

Does this student have a documented disability?

Yes

No

If the student has a documented disability, please describe how it may affect their educational progress in a Home Study program:

If they have a documented disability, please list any accommodations, modifications, adaptations, or Special Services for this student you would recommend:

Signature: _____ Date: _____