

GRANBURY INDEPENDENT SCHOOL DISTRICT

**PREGNANCY RELATED SERVICES – POSTPARTUM
COMPENSATORY EDUCATION HOME INSTRUCTION RECOMMENDATION**

TO WHOM IT MAY CONCERN:

Due to _____ this student is unable to attend the
(SPECIFIC MEDICAL REASON)

regular education program at this time. I am therefore recommending that

_____ be served through CEHI for the period beginning:
(STUDENT'S NAME)

_____ and ending: _____
(DAY AFTER DELIVERY) (6 WEEKS AFTER DELIVERY, OR EARLIER)

COMMENTS:

Physician Signature

Physician Name - Printed

Date