



# HOME OR HOSPITAL INSTRUCTION

**Physician's Request**       **Psychiatrist's/Licensed Mental Health Provider's Request**

Parent/Guardian: Please complete *Student Information* area below, with both parent and student signatures. The student's physician or psychiatrist **must complete the center OR bottom portion, depending on the recommendation.** Return completed form to your child's counselor or the school nurse in order to begin services.

### Student Information

Name \_\_\_\_\_ M F DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gr. \_\_\_\_\_ Student ID # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
School \_\_\_\_\_ Last Date of Attendance \_\_\_\_\_

**A)** Does the student have a Section 504 Plan? Yes No, **B)** Does student have a current IEP? Yes No, **C)** Is the student in foster care or is homeless? Yes No, **D)** Is the student an English Learner? Yes No

**PARENT/LEGAL GUARDIAN/STUDENT AUTHORIZATION TO 1) RECEIVE/RELEASE MEDICAL AND ACADEMIC INFORMATION, 2) TEMPORARY TRANSFER OF EDUCATIONAL DUTIES, AND 3) HOME/HOSPITAL TEACHING INSTRUCTION CONTRACT.**  
Parent signature \_\_\_\_\_ Date \_\_\_\_\_  
Student signature \_\_\_\_\_ Date \_\_\_\_\_

**PHYSICIAN/PSYCHIATRIS** For a modified program recommendation:  
Would modification of this student's school day meet their needs? Yes No  
If YES, suggested modifications:  
\_\_\_\_\_

Physician/Psychiatrist Signature \_\_\_\_\_ Date \_\_\_\_\_  
Physician/Psychiatrist Name (Print) \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

OR-

**PHYSICIAN/PSYCHIATRIST** A request for Home/Hospital Instruction has been made for the above-named student. We require that a licensed California physician or Psychiatrist file a statement which includes a medical diagnosis to the extent that the student is temporarily unable to attend classes (CEC 48206.3). If educational services are recommended at this time, please complete, sign below and return to the student's parent. *Minimum 4 weeks*

### **Attending Physician's/Psychiatrist's/Mental Health Provider's Statement**

Diagnosis/Summary of Medical or Mental Health issue:  
\_\_\_\_\_

Impact on student's ability to attend school:  
\_\_\_\_\_

Is student now hospitalized? Yes No If Yes, where? \_\_\_\_\_ Anticipated Discharge Date: \_\_\_\_\_  
Is student contagious? Yes No

**I recommend this student for Home/Hospital Instruction beginning \_\_\_\_\_ and ending \_\_\_\_\_.**

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_  
Physician's Name (Print) \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

**SEE BACK SIDE**

## Parent/Student Information

- Home/Hospital Instruction is a program that provides educational services for students who are **temporarily** disabled by accident and unable to attend school, or by physical, mental or emotional illness.
- It is a **short term** placement and shall be provided only when a student is expected to be out of school a minimum of four (4) weeks, not to exceed a semester unless medically fragile/extended mental health treatment.
- This service is provided either in the home, or hospital, or residential health facility within the district.
- Such instruction is given from one to five (5) hours a week.
- The home teacher will not to instruct a pupil unless parent or guardian is in attendance.

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When Home/Hospital Instruction is authorized, you are certifying that the illness/injury is significantly severe the student is unable to attend on-site school instruction. You understand that your responsibilities to the home/hospital instruction program are:

1. To keep established appointments
  2. To notify teacher if appointments cannot be kept
  3. To complete all assignments
  4. To provide the school nurse with physician clearance for return to school
  5. Failure to comply with the terms of this contract may result in loss of credit.
- (CEC 48206.3; OUHSD Board Policy (BP) 6183, Section 6000- Instruction)