Home and Hospital Instruction

Purpose

The purpose of home and hospital instruction is to provide instruction to a student with a temporary disability in the student's home or in a hospital or other residential health facility, excluding state hospitals. A temporary disability is defined as a physical, mental, or emotional disability incurred while a student is enrolled in regular day classes or an alternative education program, and after which the student can reasonably be expected to return to regular day classes or the alternative education program without special intervention. A temporary disability does not include a disability for which a student is identified as an individual with exceptional needs pursuant to California Education Code Section 56026. The primary outcome of the Home and Hospital Instruction is to maintain a student at the student's former level of performance while recovering from the temporary disability so students are prepared to return to their regular day class or the alternative education program.

Qualifications

To qualify for Home and Hospital Instruction parent/guardian must provide the following documentation:

- **Parent Request for Home and Hospital Instruction**.
  This document is to be completed by student's parent/guardian and submitted to Student Services.
- **Physician's Request for Home and Hospital Instruction.**
  This form is to be completed by a licensed physician.

Parent Request for Home and Hospital Instruction
2011-2012 Academic Year

Student's Name:_____ DOB:_____

School of Attendance:_____ Grade:_____

Does this student have a current 504 Plan? _____ Does this student receive Special Ed? _____

SDC ☐ RSP ☐ Speech Therapy ☐ Other ☐ _____
(Indicate which program)

Parent/Guardian Name:_____

Home Address:_____

Home Phone:_____ Other Phone: _____
(work, cell, etc.)

I believe my child has a temporary disability that necessitates Home and Hospital Instruction.

Please describe disability:_____

_____

_____

I understand that the school cannot process this application until the Physician's Request for Home and Hospital Instruction Form is completed by my physician/practitioner and returned to Student Services. I understand that this is a request, not a guarantee, and that if approved the district has five (5) school days from receipt of the Physician's Request form to assign a teacher; and the teacher has an additional five (5) school days to begin teaching. I understand that my child will receive a maximum of five (5) hours a week of home teaching, that I am required to sign an attendance sheet each time the teacher meets with my child, and that a parent, guardian, or other adult relative must be at home at all times. I authorize my physician/practitioner to release information regarding my student to the District Nurse. All information will be kept confidential. I have read and agree to follow the Home Hospital Instruction Parent Guidelines.

Parent/Guardian Signature_____**Date**_____

For Student Services use only

Received _____

Student: _____

School: _____

Home and Hospital Teacher: _____

School/Phone: _____

Home & Hospital Instruction: Parent Guidelines

Dear Parent:

Home and Hospital Instruction is available to all qualified students enrolled in the Banning Unified School District. To be eligible for Home and Hospital Instruction, a student must be physically unable to attend school and be verified yearly by a Physician completing the Physician's Request Form. Students will be taught and held accountable to the same curriculum standards as they would receive if they were in the classroom. Student is required to receive one (1) hour direct Home and Hospital Instruction for each school day.

A temporary disability is defined as a physical, mental, or emotional disability incurred while enrolled in a regular or alternative education program, after which the pupil can reasonably be expected to return to his/her regular educational program. A temporary disability does not include a disability for which a student is identified as having exceptional needs. To ensure that the student gains maximum benefit from participation in the program, parents will be required to accept the following responsibilities:

- The student must be ready to learn and the home must be conducive to a proper learning environment at all scheduled times of Home and Hospital Instruction. The parent or other adult must be in the home for the entire instructional time.
- Home and Hospital Instruction must be requested yearly including completing Parent and Physician's Request Forms.
- The student will not be allowed to participate in any extra curricular activities or be on campus while on Home and Hospital Instruction.
- Inform the Home and Hospital Teacher of any academic or health-related problems your student may be experiencing that may effect the home instruction. Meet regularly with the Home and Hospital Teacher to discuss your child's progress. Review the Course of Study Plan with the Home and Hospital teacher.
- Prior to termination of Home and Hospital Instruction, ensure student returns to school or obtains an extension for Home Hospital Instruction by having your Physician complete another Physician's Request Form.
- If your student is unable to take instruction at the scheduled time, advance notice must be given to the teacher. If student receives less than 5 (five) hours a week of Home and Hospital Instruction, the student will have absences for that week.
- Sign the teacher's timesheet at the conclusion of each Home and Hospital teaching session. Do not sign if instruction does not or has not taken place or if time is recorded incorrectly.
- Contact Dawn Rust, Director Student Services at (951) 922-0224 or drust@banning.k12.ca.us if you have any questions or concerns.

BANNING UNIFIED SCHOOL DISTRICT – STUDENT SERVICES

Physician Request for Home and Hospital Instruction

2011-2012 Academic Year

PARENT/GUARDIAN: RETURN COMPLETED PHYSICIAN'S REQUEST TO DISTRICT OFFICE STUDENT SERVICES

Student's Name: _____ Birth date: _____

School: _____ Grade: _____ Teacher : _____

Special Education Services: **SDC:** ☐ **RSP** ☐ **Active Section 504 Plan:** ☐

Parent(s) Name: _____ Home Address: _____
(Print Name)

Home Phone: _____ Other Phone: _____

As the parent/guardian of this student, I understand that the physician below may be contacted by the District Nurse for clarification of Physician's Request for Home and Hospital Instruction.

Parent/Guardian Signature: _____ **Date:** _____

PHYSICIAN'S RECOMMENDATION AND CERTIFICATION

(Print Only)

All information will be kept confidential. Please use exact dates.
This request cannot be processed unless ALL information is provided. Incomplete certification forms will be returned to you f completion. This request is to be used during the 2011-2012 school year.

Note: Physician must submit a written request for extension prior to the end date, if the student's disability exceeds the initial Home and Hospital end date.

I certify that this student has a diagnosed temporary medical, psychological, or emotional disability which prevents this studen from being in school for any period of time.

_____ _____ Is this child contagious? _____
Beginning Home and Hospital Date End Home and Hospital Date

A specific medical, emotional, or psychological diagnosis must be provided for this student to be considered for Home and Hospital Instruction.

Specific diagnosis: _____ **Comment:** _____

Please Circle On

Is this child able to leave the home for one hour per week in Independent Study instead of Home and Hospital? Yes N

Could this student benefit from a shortened/modified school day instead of Home and Hospital? Yes N

I certify that this student is totally unable to attend school, for even one hour a week, due to the medical reason(s) stated and that he/she requires home hospital instruction at home as the only educational alternative.

_____ _____ _____ _____
Physician's Signature **Date** **Phone** **Fax**

Please print/stamp: _____ _____
Physician's Name **Hospital/Office Address**

Date Received at District Office: _____ District Nurse Approval: _____