Application for Home/Hospital Instruction

Section I - Parent/Guardian Information

Complete this page before giving the form to the student's licensed health professional.

Student and School Information

Please type or print clearly

School District

School

Student's Full Legal Name

Last Date Attended

Date of Birth

Grade

Sex

Student ID (optional)

Contact Information

Home Address

City

State

ZIP Code

Home Phone

Father/Guardian Name

Work/Cell Phone

Mother/Guardian Name

Work/Cell Phone

Special Education Information

Is the student receiving Special Education services?

☐ Yes ☐ No

List current Special Education services or IEP supports (if applicable)

Release of Information and Parent/Guardian Authorization

I understand that the Home/Hospital Review Committee may request a review of the information provided on this form by local health personnel. I authorize the committee to access pertinent information regarding this request.

Parent/Guardian Signature

Date

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Section II - Professional Medical Statement

This section must be completed by the authorized and appropriate licensed health professional. Please attach a note or prescription describing the illness and treatment.

Home instruction is short-term instruction for a student temporarily unable to attend school. Two hours of home instruction per week is equivalent to one full week of school attendance. It is not intended to replace a more appropriate school placement.

Student Identification

Student Name

Date of Birth

Professional Recommendation

Select one

- [ ] I do not recommend Home/Hospital instruction at this time.

If not recommended, please state your recommendations

- [ ] I recommend Home/Hospital instruction for this student.

Medical Information

Does the student have a chronic physical condition unlikely to substantially improve within one year?

- [ ] Yes
- [ ] No

Diagnosis

Prognosis

- [ ] Good
- [ ] Fair
- [ ] Poor

Specific medical reason(s) the student is unable to attend school

Approximate length of time Home/Hospital instruction will be needed

How long have you treated the student for this diagnosis?

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Section II - Supporting Information, Treatment Plan, and Dates

Tests and other data supporting the need for Home/Hospital instruction

Treatment Plan

Describe the student's treatment plan

Expected duration of treatment

When medically appropriate, the student can attend school:

- [ ] Without modifications or special provisions
- [ ] Only with the modifications or special provisions listed below

Service Dates

Complete both fields

Home/Hospital Instruction Start Date

Anticipated Return-to-School Date

Application for Home/Hospital Instruction

Section II - Follow-Up Care and Professional Certification

Follow-Up Care

Will you continue to follow this patient?

☐ Yes ☐ No

If no, identify the professional who will provide follow-up care

Phone

Licensed Health Professional Certification

I certify that the student's condition prevents or renders inadvisable attendance at school and that this recommendation is based on my professional evaluation, consistent with California Education Code section 48206.3.

Licensed Professional Signature

Date

Printed Name and Credentials

Phone Number

Office Address

Fax Number

It shall be determined that a child or youth is to be provided home/hospital instruction if the condition of the child or youth prevents or renders inadvisable attendance at school as verified by a signed professional statement in accordance with California Education Code 48206.3.

Please Note: Home Instruction (homebound) is short-term instruction provided in a home or other designated site for a student who is temporarily unable to attend school. According to state guidelines, two hours of home instruction each week is equivalent to one full week of school attendance. Home instruction is not designed to take the place of a more appropriate school placement.

California Education Code 48206.3

(a) Except for those pupils receiving individual instruction provided pursuant to Section 48206.5, a pupil with a temporary disability which makes attendance in the regular day classes or alternative education program in which the pupil is enrolled impossible or inadvisable shall receive individual instruction provided by the district in which the pupil is deemed to reside. (b) For purposes of this section and Sections 48206.5, 48207, and 48208, the following terms have the following meanings: (1) 'Individual instruction' means instruction provided to an individual pupil in the pupil's home, in a hospital or other residential health facility, excluding state hospitals, or under other circumstances prescribed by regulations adopted for that purpose by the State Board of Education. (2) 'Temporary disability' means a physical, mental, or emotional disability incurred while a pupil is enrolled in regular day classes or an alternative education program, and after which the pupil can reasonably be expected to return to regular day classes or the alternative education program without special intervention. A temporary disability shall not include a disability for which a pupil is identified as an individual with exceptional needs pursuant to Section 56026. (c)(1) For purposes of computing average daily attendance pursuant to Section 42238.5, each clock hour of teaching time devoted to individual instruction shall count as one day of attendance. (2) No pupil shall be credited with more than five days of attendance per calendar week, or more than the total number of calendar days that regular classes are maintained by the district in any fiscal year. (d) Notice of the availability of individualized instruction shall be given pursuant to Section 48980.

School contacts

Bidwell Elementary 527-7171 | Metteer Elementary 527-9015

Jackson Heights Elementary 527-7150 | Vista Preparatory Academy 527-7840