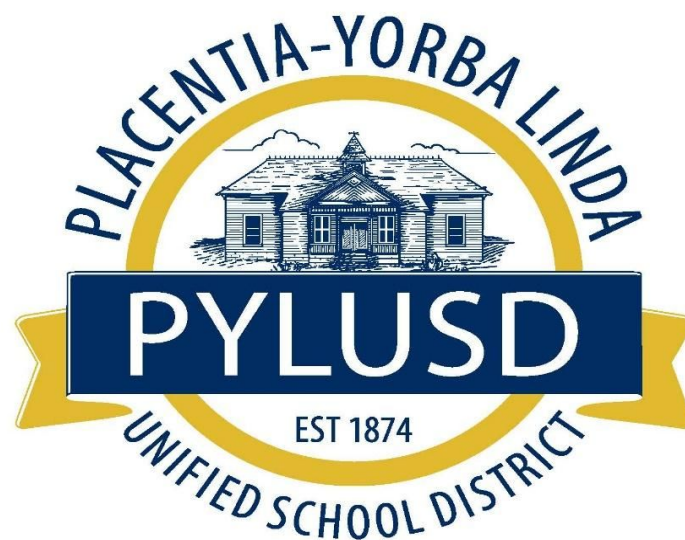


PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT

1301 E. Orangethorpe Avenue
Placentia, California 92870



HOME HOSPITAL PACKET 2019-2020

PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT
Home Hospital Teaching Certification - Fax: (714) 996-3629

Section I - Completed by Parent/Guardian

Name of Student _____ DOB _____ Date _____

School Currently
Attending _____ Grade _____ Teacher/Counselor _____

Parent/Guardian _____ Home Phone _____ Work Phone _____

Address _____ City _____ Zip Code _____

Parent/Guardian Signature _____

As the parent or legal guardian of the above named student and by my signature above, I authorize the Placentia Yorba Linda Unified School District and the physician(s) identified below to release and exchange medical information relative to the above student so eligibility for home/hospital teaching services can be determined. I certify I am aware that I request to review any requested records and may receive a copy of any material exchanged.

Section 2 - Completed by Attending Physician

Home Hospital Instruction is reserved for students who have a temporary disability/medical condition which prohibit them from leaving the house except for medical appointments, or whose medical conditions make it unsafe or inadvisable for them to be at school, with an expected absence of greater than 4 weeks. Home Hospital Instruction is the most restrictive educational environment and by law must be viewed as a placement of last resort to be utilized for the shortest time necessary. Maximum length of absence from school authorized by this form is 60 school days/3 months. Student's condition to not expose the teacher to any contagious disease that can be transmitted by casual contact.

Could the student benefit from the following options?

- Is the student able to attend school on a modified schedule? _____ No _____ Yes @
Hours/Days _____
- Enrollment in an Alternative Education Program (Provisional placement based on student's successful participation. If program is unavailable or unsuccessful, student to be placed in Home Hospital Program.)
- Accommodate a student's needs at school with program modification such as shortened day or other recommendations.
- Home Hospital Instruction – Five hours a (typical) week arranged with a teacher in home if projected absence is greater than 4 weeks.
- Other: _____
- Identify the student's physical condition that prevents the student from attending school (DIAGNOSIS):

Estimated length of absence from school (**60 school days/3 months MAX**): Start Date: _____ End Date: _____

Date _____ License # _____

Physician's Signature _____

Telephone Number _____ Email Address _____ Physician Stamp Required

Home Hospital Teaching Certification (continued)

Section 3 - Completed by current school of attendance

Name of Student _____ Grade _____

Student has a current IEP: Yes__ No__ If yes, name of School Psychologist _____

Student has current 504 Plan: Yes__ No__

Date of IEP, 504 or Home Hospital Meeting ____/____/____

Student's Class Selection including Student's Teacher Names _____

Attach student's current Class Schedule (required for Middle and HS students only)

Signatures:

Principal or Designee Date

Key School Contact (Counselor/Attendance) Date

Psychologist or Nurse Date

Parent Date

Approved _____ Denied _____

Director of Instructional Support Date

Section 4 - Completed by Home Hospital Secretary

Home Hospital Teacher Assigned _____

Beginning Date _____ Notified School _____ Ending Date _____ Notified School _____

Mailed: School Copy _____ Parent Questionnaire _____

Comments _____

PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT

Home/Hospital Instruction Student Grade Report

Date: _____

Student Name: _____ Grade: _____ DOB: _____

Dates of Instruction - From: _____ To: _____

	Course	W/D Grade ¹	H/H Grade ²	Final Grade ³	Credits ⁴	Comments
1						
2						
3						
4						
5						
6						
7						
8						

¹ Withdrawal Grade² Home/Hospital Teaching Grade³ Final Grade (if applicable)⁴ Credits should be assigned for secondary students on home/hospital teaching for the full semester.

Home Teacher's Signature: _____

Distribution: White-School Site Yellow-District Office Pink-Home Teacher Goldenrod-Parent