

HOME/HOSPITAL (general ed) or  
HOME INSTRUCTION (special ed)  
REQUEST FORM

SCHOOL SITE OFFICE USE	
Student Last Name	_____
School	_____
Home/Hosp Teacher	_____
Date Home/Hosp: Start:	_____ End: _____
Approx. Weeks:	_____ Re-Eval Date: _____

**Student in special education: Placement of a student on Home Instruction occurs if it is the District's offer of FAPE**

- ✓ Contact School Psychologist to set up IEP
- ✓ Return completed request form and medical authorization form to school nurse
- ✓ See bottom of reverse side for additional instructions

**Student in general education: Placement of a student on home/hospital instruction requires medical authorization**

- ✓ Return completed request form and medical authorization form to school nurse
- ✓ Upon approval, you will be contacted by an SKUSD representative from (allow 3-5 days)
- ✓ See reverse side for additional instructions and guidelines

**PARENT/GUARDIAN** understands guidelines on reverse side and completes this section

Student \_\_\_\_\_ ID# \_\_\_\_\_  Male  Female

School \_\_\_\_\_ School Contact Person \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade Level \_\_\_\_\_ **Special Education/IEP: Yes \_\_\_ No \_\_\_** **504 PLAN: Yes \_\_\_ No \_\_\_**

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

*I request that my child be placed on Home and Hospital Instruction as soon as the necessary arrangements can be made. I understand that such program is not intended as a general program of independent study. I hereby authorize my child's physician to release to the Southern Kern Unified School District's representative any information to implement this request.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHYSICIAN** understands guidelines on reverse side and completes the attached Medical Verification form.

**SCHOOL NURSE** has reviewed this case and makes the following recommendation: Yes No

Comments:

Nurse signature: \_\_\_\_\_ Date \_\_\_\_\_

**Students in General Ed: SCHOOL** understands guidelines on reverse side and completes this section

(MUST PROVIDE A NAME) Home/Hospital Teacher: \_\_\_\_\_  Need assistance finding a teacher

**504 Plan: Yes \_\_\_ No \_\_\_**

Principal or designee signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Students in Special Ed: SCHOOL PSYCHOLOGIST** arranging IEP meeting

School Psychologist Signature: \_\_\_\_\_ Date of IEP: \_\_\_\_\_

**GENERAL ED ADMINISTRATIVE APPROVAL** – Katherine Notterman, Assitant Principal Abraham Lincoln

Approved  Denied \_\_\_\_\_ Date \_\_\_\_\_

**SPECIAL ED ADMINISTRATIVE APPROVAL** – Sheryl Taylor, Director of Special Education Services

Home Instruction is offer of FAPE Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Instruction is not offer of FAPE

# HOME/ HOSPITAL INSTRUCTION GUIDELINES FOR STUDENTS IN GENERAL EDUCATION

(Board Policy 6183 and Education Code 48206.3)  
Administrator: Katherine Notterman (661) 256-5990

## Required Forms:

**Home/hospital Request form:** Available at school sites by request

**Medical Verification form:** Available at school sites by request

## Qualifications:

Home/hospital instruction may be available to general education pupils who are ill or otherwise temporarily disabled, and unable to attend regular classes for 1-8 weeks. Some exceptions are: 1) pupils with a contagious disease and 2) pregnant minors, unless they have special health problems.

Students over 18 years of age and not enrolled in the SKUSD do not qualify for home or hospital instruction.

Students who are not enrolled in a SKUSD school or program and who live within the SKUSD boundaries need to enroll in their home school (school in their attendance area) to receive Home/Hospital services. Contact your school site for more information.

Specialized/advanced courses may not be offered through home and hospital instruction (i.e., foreign language, lab courses and higher level mathematics courses).

Home/hospital instruction is not intended as a general program of independent study. Students with long-term health needs should consider contacting Abraham Lincoln Independent Study. Special education students with long-term health/mental health needs that make attending school difficult should consult with the Special Education Department for options. Re-evaluation of a student's health condition will be required from the physician after 8 weeks of home or hospital instruction.

## Requirements:

Parent/guardian, school nurse and site administrator must complete Home/Hospital Instruction Request Form, include the Medical Verification completed by the physician and submit all forms to Student Support Services for prior approval. Once approved, parents will be notified within 5 school days.

## Home or Hospital Instruction:

The home/hospital instructor shall consult with student's regular classroom teachers to provide a continuity of instruction that enables the student to stay current with the regular school program.

The home/hospital instructor will contact the parent/guardian to set-up individual instruction. The parent/guardian must be present for the instruction.

A maximum of five hours of instruction will be provided each week.

Student grades are determined by the students' regular classroom teachers (in consultation with the home/hospital instructor) and those records are kept at the school site.

If you have any questions, please contact your school site.

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## HOME INSTRUCTION GUIDELINES FOR STUDENTS RECEIVING SPECIAL EDUCATION SERVICES

A placement of Home Instruction for a student receiving special education services is made during an IEP meeting if Home Instruction is the District's offer of FAPE.

- Contact the school psychologist to arrange IEP meeting
- Physician to complete the Medical Verification Form
- Parent and school to complete the Home Instruction form
- Director of Special Education Services to sign form if it is the District's offer of FAPE

**Southern Kern Unified School District  
2601 W Rosamond Blvd  
Rosamond, CA 93560  
(661) 256-5000  
Phone: (661)256-5000, ext. 1203 Fax: (661) 256-1011**

**MEDICAL VERIFICATION FORM**

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Southern Kern Unified School District is committed to providing education to maintain or improve the academic performance for all students. The above named student has requested an evaluation for placement in a non-traditional setting because of a medical condition. As per Board Policy 6183 and California Education Code Section 48206.3 we are requesting information in order to make an appropriate placement. The following information is required by policy:

Medical diagnosis (ICD-9 code or DSM IV TR) \_\_\_\_\_

Extent of Limitation (student must be confined to home or hospital and medically able to study, learn and complete assignments)

Prognosis: \_\_\_\_\_

Expected dates of Home/Hospital Instruction (**8 week maximum**): \_\_\_\_\_

- I verify the student has no contagious disease or other medical condition that poses a risk to district staff.
- In the case of an emotional, psychological or behavioral diagnosis, I verify that this student is receiving continuing professional care with a goal of returning to a less-restricted learning environment as soon as possible. (Please attach an outline of the plan of care.)
- I verify that the student's health allows for completion of school and homework, but the student is confined to a medical facility or his/her residence.
- I understand that placement of this student on Home/Hospital Instruction is at the discretion of SKUSD. I understand that the medical need for Home/Hospital Instruction must be re-verified at least every eight weeks and a new Medical Verification Form must be submitted.
- If the student is receiving special education services, an IEP team meeting will be held and Home Instruction will be the placement if that is the District's offer of FAPE.

_____ <i>Signature of physician</i>	_____ <i>Name of physician</i>
_____ <i>Address of physician</i>	_____ <i>Phone number of physician</i>