



La Habra City School District

REQUEST FOR HOME/HOSPITAL INSTRUCTION

PARENT/GUARDIAN'S RESPONSIBILITY

The parent or guardian of the student shall:

1. Complete the "Request for Home/Hospital Instruction" form, including the physician's statement, and present it to the campus administrator responsible for home/hospital instruction.
2. Coordinate with the home/hospital teacher in developing an instructional schedule, establish a convenient time when the home will be available for instruction and free of distractions, and support the teacher by seeing that assignments are completed on time.
3. Provide an adult, in addition to the teacher, to be continuously present in the home during the periods of instruction.
4. Notify the school or teacher(s) in advance when an instructional session must be canceled or postponed.
5. Notify the home teacher and school administrator when the physician medically clears the pupil for attending regular school.
6. Upon completion of each teaching session, sign the home teaching attendance sheet as present by the teachers. If time permits, discuss the student's progress.
7. Complete an Authorization for Disclosure of Medical and/or Educational Information. Failure to sign the release form may result in denial of Home/Hospital Instruction services.

Student: _____ Date of Birth: ____/____/____

Address: _____ Phone: _____

Does student have a 504 Plan or IEP? Yes No

School of Attendance: _____ Teacher: _____

Parent/Guardian (please print): _____

Parent/Guardian Signature: _____ Date: _____

TO BE COMPLETED BY PHYSICIAN

Before initiating Home/Hospital Instruction services, we are required to obtain written verification from a licensed physician that the student has a medical condition that prevents the student from attending school. Home/Hospital Instruction is not a permanent educational setting and may only be provided for up to six weeks. Continuation of the service beyond six weeks requires written reverification of the medical necessity for service. Therefore, a new Physician's Verification form must be submitted to the school prior to the expiration of the six weeks if the need continues beyond the initial term. (Please attach additional records if needed.)

This is to certify that the above-named student was examined by me on ____/____/____.

Is this a contagious disease? Yes No

If yes, list precautions needed when teaching this student: _____

Reasons the condition prevents the student from attending school: _____

I affirm that this student has a medical condition that prevents him/her from attending a regular school. Based on my professional examination, this student is not medically cleared to return to school until ____/____/____. (Date not to exceed six weeks.)

Physician's Name/License Number _____ Phone: _____

Address: _____ Fax: _____

Signature: _____ Date: _____

FOR DISTRICT USE ONLY – Approved By: _____ Date: _____