



Las Virgenes Unified School District Home/Hospital Instruction Information for Parents

General Information

California Education Code §48206.3 requires that Home/Hospital instruction be available to students with ***temporary*** disabilities that make attendance in regular day classes or alternative education programs ***impossible*** or ***inadvisable***. 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, after which the student can reasonably be expected to return to regular day classes or an alternative education program without special intervention.”

Home/Hospital students can normally be expected to return to their regular classes after their disability has been addressed through medical intervention.

Home/Hospital instruction *is typically not necessary for students who may be absent for less than two weeks*. Instruction for such students can usually be addressed at the school site level through either short-term independent study or regular classroom teacher support with assignments and flexible timelines.

Home/Hospital Procedures

In order for Home/Hospital instruction to be considered, the parent must submit the “Request for Home/Hospital Teacher” form (available in the school site office) signed by the student’s physician indicating the type and severity of the condition as well as the anticipated date that the student will be able to return to school. In addition, the physician must note whether the teacher would be exposed to any contagious diseases. A physician's release will be required if the student is going to return to school *earlier* than the anticipated date. In addition, an updated “Request for Home/Hospital Teacher” form must be completed and signed by the physician if the student is expected to return *later* than the originally anticipated date. A physician’s release is not required if the student will be returning on the anticipated date. The determination of whether a student requires Home/Hospital instruction will be made by the Pupil Services Department.

Home/Hospital instruction is intended as a temporary placement and is not an alternative placement for students who are habitually absent or refuse to attend school. Per Education Code §48206.3, once a student is determined to be eligible for Home/Hospital instruction, he/she will receive one clock hour of individualized instruction for each day that instruction is offered by the district in the regular education program. The maximum number of hours that can be offered to a student in any one week is dependent upon the number of school days in that week. For example, a week where school is held for only four days will result in a maximum of four hours of Home/Hospital teaching.

Students Admitted to a Hospital

If a student is admitted to a hospital that is outside of the Las Virgenes Unified School District for a prolonged period of time (two or more weeks), the district where the hospital is located becomes the district of residence for the purposes of instruction.

Delivery of Home Instruction

The timing and location of Home/Hospital instruction should be decided upon collaboratively between the parent and the Home/Hospital teacher. If home hospital instruction is to take place in the student's home, a parent/guardian must be present. If home hospital instruction takes place on a school campus, the parent is not required to be present. If approved by the doctor and the District Nurse, Home/Hospital instruction may be provided in a setting other than the home such as a classroom after school, in the library, etc.

The student's regular campus teacher(s) will remain the teacher(s) of record and will provide lesson plans, materials, student books, and tests in a timely manner to the home hospital teacher. The home hospital teacher will submit the material back to the teacher of record when completed. The teacher of record is responsible for assigning grades for each assignment and for the marking period.

Additional Information

For high school students, parents and the school counselor should discuss course options based on the student's individual needs and limitations during Home Hospital instruction. For example, the parents and counselor may wish to consider dropping a course if more than half of the grade for that course is based on any of the following:

- Hands-on experience (e.g., physical education or chemistry lab).
- Classroom participation (e.g., foreign languages and speech courses).
- Clock hours (e.g. vocational courses that require contact hours).

In addition, it should be noted that the ability to replicate a course in the home environment (e.g., AP, Honors, lab sciences, some science, and some language courses) may not be possible. Such courses are designed as college preparatory classes that receive University of California approval and possible advanced credit. These courses not only have rigorous requirements, but many include an external exam as well. Many courses in the science and elective areas offer activities that may only be completed using the equipment and/or facilities available on campus. These activities may not be able to be duplicated away from campus. If your child will be absent for an extended period of time (more than 6 weeks), please speak with your child's counselor to discuss what classes would be appropriate given your child's individual needs.

For special education students, the Individualized Education Plan (IEP) team will need to convene to discuss whether Home/Hospital is an appropriate placement for the student and if so, which (if any) special education services/supports are required during the Home/Hospital time period in order to provide a free and appropriate public education (FAPE). An IEP will also need to be convened prior to the student returning to school. If you have questions, please contact your site administrator (elementary schools) or school counselor (middle and high schools).



Las Virgenes Unified School District
Home/Hospital Program
Request Form

Please return this form to the school office.

Date Received by Office: _____

Student Name: _____
Birthdate: _____
Grade: _____
Parent: _____

School: _____
Age: _____
Special Ed or 504: ___ Yes ___ No
Phone: _____

Address: _____

Release of Medical Information:

As the parent or guardian of the above-named pupil, I hereby give permission for Release of Medical Information from the physician who may be contacted by a District representative as needed for clarification.

Parent/Guardian Signature

Date

Physician's Recommendation and Certification

Please include exact dates that the student will be unable to attend school. The request cannot be processed without a reason and will be returned to you for completion. All information is kept confidential.

Note: Home/Hospital instruction is available to students with temporary disabilities that make attendance in regular day classes or alternative education programs impossible or inadvisable. 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, after which the student can reasonably be expected to return to regular day classes or an alternative education program without special intervention." If approved, the student will receive 60 minutes of individualized instruction for each day of instruction missed in a manner consistent with California laws governing home teaching.

Date of Student's Last Office Visit: _____

I recommend that the above-named student be placed in the Home/Hospital Program beginning on _____ and ending on _____ (Date)

The student's condition that makes attendance in regular day classes or alternative education programs impossible or inadvisable is: _____

The aspects of the treatment plan that are being implement to enable the student to return to school are: _____

Could the student attend a shortened day? _____

Is the student contagious? _____

Physician's Signature

Printed Name

Date

Physician's Phone Number

Physician's Address

Form 40: Authorization to Return to School from Home/Hospital Program

**Las Virgenes Unified School District
AUTHORIZATION TO RETURN TO SCHOOL
FROM HOME/HOSPITAL PROGRAM**

*Please return completed form to Las Virgenes Unified School District Alternative Education Office
4111 N. Las Virgenes Road, Calabasas, CA 91302
Phone (818) 880-4000 / Fax (818) 880-4200*

Student's Name _____ Birthdate _____ Age _____

The above named student is able to attend a regular school program as of _____
(Date)

The following restrictions should be observed at school: _____

Until _____
(Date)

Physician's Signature _____ Date _____

Physician's Name (Print): _____ Phone _____

Address _____
(Street) (City) (Zip)

Form 39: Home/Hospital Program-Parent Responsibilities

Las Virgenes Unified School District HOME/HOSPITAL PROGRAM- PARENT RESPONSIBILITIES

To the Parent/Guardian of _____

It is the desire of the Las Virgenes Unified School District to provide a positive and meaningful educational experience for your child while they are on the Home Hospital Program.

The District will provide a teacher for up to a maximum of five hours per week. The teacher will work closely with your student's regular teacher(s) to insure a current and a relevant curriculum is being offered.

The District reserves the right to cancel enrollment if the student is not benefiting from the program, or the conditions in which instruction is provided, is not conducive to learning.

In order to provide the best possible instructional program during this time, we are requesting that the parent participate in the following ways:

1. It is required that the parent or an adult be in the home during the instructional time. The adult will need to sign the "Lesson Recap Sheet" verifying that instruction was provided each day. No instruction can take place without an adult present.
2. Provide an environment for study that is quiet, well lit and free from interruptions.
3. Supplies left for the child by the teacher should be on the table ready to use when the teacher arrives to begin instruction.
4. The child should be rested and ready for instruction.
5. The teacher shall be in charge when instruction begins.
6. No siblings should be present in the room during lesson time. If other arrangements need to be made, discuss this with the teacher.
7. Advise the teacher of any academic or health-related problems your child may be experiencing that may effect the home instruction.
8. If your child is unable to take instruction at the scheduled time, please contact the teacher. Make-up hours may be arrange during the week as the absence.
9. Meet and confer regularly with teacher to discuss your child's progress.
10. Contact the office of Alternative Education should you have any questions or concerns at (INSERT PHONE NUMBER HERE)

HOME/HOSPITAL INSTRUCTION HANDBOOK

I have received a Home/Hospital Instruction Handbook, read and reviewed a copy of the above Parent Responsibilities.

Parent/Guardian Signature

Date