



Home/Hospital Guidelines for Parents, Guardians, and Students

1. If the student has an active 504/Individualized Education Plan (IEP) parent and student will have to meet with 504 Coordinator or IEP Team before Home/Hospital study begins.
2. Obtain assignments from the classroom teachers until the Home/Hospital study teachers are assigned.
3. Plan the schedule of instruction with the Home/Hospital study teachers. When possible, parent or guardian requests will be considered, but not all requests can be accommodated. All appointments between student and home instructor must be done after school hours and during GUSD instructional days.
4. Ensure that a parent, guardian, or designated adult is in the home during the entire period of instruction. If an adult is not in the home at time of instruction, the teacher will cancel the session. It is required, and absolutely necessary, that there be a third person (adult) in the home during the entire teaching time.
5. Provide an appropriate learning environment free of interruptions and with proper lighting and necessary equipment, such as a desk or table, pencils, paper, books, and other materials as needed.
6. Ensure that all pets are confined prior to the arrival of the home instruction teacher.
7. Make sure the student is ready for instruction at the time designated by the home/hospital study teacher.
8. Supervise daily homework.
9. Make every effort to see that the student completes school assignments.
10. Keep all appointments with the Home/Hospital study teacher.
11. Notify the home instruction teacher prior to the scheduled session if the student is unavailable because of a contagious disease or an emergency.
12. Participate in the student's school reintegration process.

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____



REQUEST FOR HOME/HOSPITAL STUDY

Student Name _____ Gender _____ Grade _____ Birth Date _____
 Address _____ City _____ ZIP _____
 Home Phone _____ Work/Cell Phone _____
 Parent/Guardian _____

To Be Completed by Physician

The above student, your patient, has requested an alternative instructional program due to medical reasons. This requires a statement from a licensed physician which includes a diagnosis of health impairment to the extent that the student is physically unable to attend classes on campus as part of a regular instruction program. Please note that your recommendation may be reviewed by Gateway Unified School District medical personnel who may contact you prior to approval of enrollment in these programs.

By checking this box you are indicating that the student listed on this form is physically unable to attend school for a period of three (3) weeks or more.

Current Diagnosis: _____

What is the reason for Home/Hospital Study Instruction (describe why the student cannot attend school regularly)?

Are there any infectious disease precautions needed when teaching this student?

Beginning Date of Instruction: _____

Ending Date of Instruction: _____

Physician's Name (print): _____ Phone: _____

Physician's Address: _____ City _____ ZIP _____

Physician's Signature: _____ Date: _____

Date Verified by GUSD Nurse: _____ GUSD Nurse's Signature: _____

Date Verified By GUSD Home/Hospital Study Program: _____

GUSD Home/Hospital Study Coordinator Signature: _____