



HHI Parent Request Consent Form

FCUSD offers Home Hospital Instruction (HHI) as services to meet the educational needs of students who incur a temporary but extended illness or disability which makes attendance at their regular home school impossible or inadvisable. The expected period of absence must be **16 school days or longer**.

The goal of this service is to maintain the student's former level of educational performance while recovering. *'Temporary disability' (Ed Code 48206.3) is defined as a physical, mental, or emotional disability incurred while a pupil is enrolled in regular day classes or an alternative education program, and after which the pupil can reasonably be expected to return to regular day classes or the alternative education program without special intervention. A temporary disability shall not include a disability for which a pupil is identified as an individual with exceptional needs pursuant of Ed Code 48207.*

Student's Legal Name: _____ Birthdate: _____ Grade: _____

Parent(s)/Guardian(s) Name(s): _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent(s)/Guardian(s) E-mail: _____

Home School: _____ Current School, if different from home school: _____

Current Teacher or Counselor: _____

My child has a 504 Plan: Yes ____ No ____

My child has an Individualized Education Plan (IEP) Plan: Yes ____ No ____

Please initial all of the following and sign below:

_____ I hereby request that my child be evaluated by FCUSD for the Home Hospital Instruction Program because they are temporarily unable to attend regular school for medical reasons.

_____ I understand that placement in these programs is at the discretion of FCUSD.

_____ I agree to attend planning/placement meetings.

_____ It is my intent that my child will return to their regular class(es) as soon as possible when the medical condition improves.

_____ I understand that prior to returning to their home school, a release from the referring or primary care doctor stating they are ready to return to full time attendance must be obtained and submitted to the FCUSD Health & Wellness Department. This notice must include any limitations to my child's full participation.

_____ I understand that if my child wishes to participate in any home school activities while enrolled in the HHI Program, a physician's release to participate in those school-based activities must be submitted to the program prior to participation.

_____ I understand that if my student is enrolled in HHI at the time of promotion or graduation, 8th or 12th grade, and wants to participate in end of the year promotion/graduation activities, he/she must:

- Have successfully completed all graduation/promotion requirements
- Meet the home school's behavior and attendance requirements and/or sign a "Senior Contract"
- Have spent over 50% of his/her middle or high school years at the home school and
- Submit notification of intent to participate to Walnutwood and the student's home school at last eight weeks in advance; earlier if he/she wishes to be included in the printed program. A physician's release to participate in these school-based activities must accompany the notification.

After my child has been evaluated, if it is determined that instruction will take via the HHI program either virtually or in home:

_____ I agree to be present in the home or have a designated responsible adult present in the home setting during all HHI services.

_____ I agree to provide a quiet and appropriate place for instruction.

_____ I agree to have my child ready for instruction as arranged with the teacher.

_____ I agree to notify the teacher as far ahead as possible if my child is unable to receive instruction for any reason.

Walnutwood High School is not an NCAA approved School at this time.

Parent/Guardian Signature: _____

Date: _____

When completed, deliver to the FCUSD District Office, Attention: Health and Wellness,, or e-mail to kcastill@fcusd.org or fax to (916) 294-9024.

Director Health and Wellness
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9024