



ENTERPRISE ELEMENTARY SCHOOL DISTRICT

1155 Mistletoe Lane, Redding, CA 96002 • Phone: (530) 224-4100 • FAX: (530) 224-4101 • www.eesd.net

Empowering every child, every day, to create a better world

Psychiatric Request for Home Instruction

Student Information

Last Name _____ First Name _____ M ☐ F ☐

Date of Birth _____ Gr. _____ Student Language _____ Parent/Guardian Language _____

Address _____ City _____ Zip _____

Home Phone () _____ Cell Phone () _____ Work Phone () _____

Parent/Guardian _____ Parent Email Address _____

Do you have Internet Access? Yes No School of Attendance _____

Phone () _____ Last date of attendance _____

Does student have a current IEP? Yes ☐ No ☐ 504 Plan? Yes ☐ No ☐

The following modified programs or other educational options have been tried (please check all options that apply):

- ☐ Enrolled in a shortened school day.
- ☐ Enrolled in an Independent Study Program provided by the student's cumulative record carrying school allowing the student to complete course work independently, at home.
- ☐ Developed and implemented a Section 504 Plan to accommodate student needs through program modifications (ie: modify a class schedule, adjust placement of a student within a classroom, increase/decrease opportunity for movement, quiet area to complete work, approve early dismissal for service agency appointments, etc.)
- ☐ Identified as eligible for special education services and an Individualized Education Program (IEP) was developed to consider the student's abilities, educational needs, and the appropriate placement and services.
- ☐ Other: _____

Principal's Signature (or designee) _____ Date _____
Print Name and Title _____

IMPLEMENTATION OF SERVICE

A Home and Hospital Teacher will provide instruction to students in grades TK–12. One (1) hour of individual instruction is equal to 1 day of attendance; no more than 5 per week. (per EC48206-3) Instruction is offered in two (2) basic subject areas. A responsible adult (18 years of age or older) must be present when the teacher is in the home.

In person ☐ Virtual ☐ Combination ☐

By signing this authorization for service, the parent/guardian is agreeing to the following:

- ▶ Educational information will be accessed and used to plan and provide an appropriate educational program for the student.
- ▶ Permission to provide services or access school records may be revoked via written parent/guardian request at any time.

PARENT/LEGAL GUARDIAN AUTHORIZATION TO PARTICIPATE IN HOME AND HOSPITAL INSTRUCTION.

Parent Signature _____ Date _____

COPIES TO: PAYROLL, ATTENDANCE CLERK, SUPERINTENDENT, SITE PRINCIPAL, TEACHER



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Student Name _____ **Date of Birth** _____

MENTAL HEALTH PROVIDER: A request for temporary Home Instruction has been made for the above-named student. This request form (page 2 of 2) must be completed by a Mental Health Provider in order to be considered, and must include a diagnosis and the length of time the student is anticipated to be confined to the home.

Mental Health Provider's Statement

Is student capable of attending classes on his/her school campus now, with accommodations to meet their emotional needs? ☐ Yes ☐ No

If yes, student does NOT qualify for home instruction. List accommodations to be used at the student's current school campus: _____

If no, complete the information below: _____

Diagnosis or ICD/DSM code: _____

Summary of therapeutic plan: _____

What medication(s) is/are the student currently prescribed? _____

Is the student a danger to self or others: ☐ Yes ☐ No

Explain: _____

Why is the student unable to attend school? _____

What aspects of the treatment plan are being implemented to enable the student to return to school? _____

Estimated date student may return to school (Specific date required, not to exceed 90 days) RQD: Estimated Date of Return ____ / ____ / ____

Signature _____ **MD** **Date** _____

Print Name _____ **Phone** _____

Print Title _____ **Fax** _____

Address _____ **City** _____ **Zip** _____

TO BE COMPLETED BY ADMINISTRATOR
REQUEST FOR HOME/HOSPITAL TEACHING IS APPROVED.

ADMINISTRATOR SIGNATURE _____

DATE _____

TEACHER ASSIGNED _____

START DATE _____

ESTIMATED END DATE _____

COMMENTS: