Attachment A

Panama-Buena Vista Union School District
Health, Safety and Wellness
4200 Ashe Road, Bakersfield, CA 93313
(661) 831-8331 ext 6286 FAX: (661) 832-8002

Parent Agreement for Home & Hospital Instruction/Homebound Instruction

This entire page is to be completed by parent or guardian.

Panama-Buena Vista Union School District (P-BVUSD) procedures require that a licensed California physician, surgeon or licensed clinical psychologist, currently treating the student for the diagnosis preventing school attendance, submit substantiating documentation. **Chronic conditions** (i.e., asthma, diabetes, or epilepsy) may not qualify for Home & Hospital Instruction (HHI). HHI is not authorized by the doctor, but by P-BVUSD. Homebound Instruction is determined by the IEP team. The doctor's role is to provide pertinent medical information to P-BVUSD staff so a valid placement may be considered.

STUDENT INFORMATION

Please print

Last Name _____ First Name _____ Gender ☐ M ☐ F

Date of Birth ____ /____ /____ Student/Parent Language _____ /_____

Address_____ City_____ Zip _____

Parent/Guardian Name _____

Contact Information: Phone Number (_____) _____ Email _____

Is this student currently hospitalized? ☐ Yes ☐ No

SCHOOL INFORMATION

Please print

Current School District _____ Current School _____ Grade _____

Student's last date of attendance ____/____/___ Teacher / Counselor _____

Does your child have an IEP? ☐ Yes ☐ No Does your child have a 504 Plan? ☐ Yes ☐ No

If yes, please attach a copy.

Class schedule for jr. high school students. Must be filled in:

Period 1: _____ Period 4: _____

Period 2: _____ Period 5: _____

Period 3: _____ Period 6: _____

Implementation of Services

- Home & Hospital Instruction will provide five (5) hours of instruction per week in a manner consistent with California laws.
- Homebound Instruction is determined by the IEP team.
- Home & Hospital Instruction will **not** commence until the following forms have been received & approved by the district:

(Continued on next page)

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Implementation of Services *(Continued)*

- **Physician Referral** (completed & signed by M.D.) or
  Mental Health Referral (completed & signed by Clinical Psychologist)
- **Parent Agreement**
- **Authorization for Release of Confidential Information** (completed & signed by parent)

All Special Education referrals for students under an IEP – an IEP meeting will need to be convened to discuss and/or implement HHI/Homebound Instruction.

- The student must be ready for instruction at the specified time, with materials, books, and his/her physical needs met.
- A responsible adult (18 years of age or older) must be present when the teacher is in the home. **Notify** your HHI teacher at least 24 hours **in advance** if your child is unable to receive instruction. Make-up sessions are scheduled at the discretion of the assigned teacher.

Authorization to Receive/Release Medical and Academic Information for Educational Purposes.
As the parent or legal guardian of the above named student and by my signature below, I authorize the current school/district of enrollment, Panama-Buena Vista School District (P-BVUSD) and the treating physician, surgeon, and/or licensed clinical psychologist, to release and exchange medical and/or academic information relative to the above named student. The information received will be used only to assist P-BVUSD in determining eligibility, appropriate services, academic needs, and transitions between educational sites for the above named student.

_____	_____	_____
Parent/Guardian's Signature	Relationship	Date