Attachment B

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

School Documentation for Home & Hospital Instruction/Homebound Instruction

This entire page is to be completed by school personnel.

Student Name _____ **Date of Birth** _____

School _____ **P-BVUSD ID #** _____

Teacher / Case Mgr: _____ phone _____ email _____
School Nurse _____ phone _____ email _____
School Counselor _____ phone _____ email _____
School Psychologist _____ phone _____ email _____

Key school contact with the most knowledge about this student:

Name: _____ Position: _____ Phone: _____

Please include copies of the following items:

- ☐ Synergy attendance printout
- ☐ IEP (most recent, if applicable)
- ☐ 504 plan (most recent, if applicable)
- ☐ Synergy class schedule (secondary)
- ☐ District transfer information
- ☐ ISHP (with any health accommodations)

The following program modifications and/or actions have been implemented.

Please check all that apply:

- ☐ Participation in a modified day. Describe:_____
- ☐ Independent Study, modified day schedule, learning contract, at home, or alternative setting.
  Describe current program: _____
- ☐ Student participates in after school activities? Yes ☐ No ☐
- ☐ Student has been discussed at a multi-disciplinary team meeting such as an SST or RTI.
- ☐ SARB referral process has been initiated (including all appropriate parent notifications and SART meetings).
- ☐ Section 504 Plan has been developed to accommodate student needs through program modifications.
- ☐ Student is eligible for special education services and has an Individualized Education Program.
- ☐ Confidential Individualized School Healthcare Plan with implemented health related school accommodations has been developed.
- ☐ The following staff members have been involved in this case:
  ☐ School Counselor ☐ School Nurse ☐ School Psychologist
- ☐ Student's treating medical provider has been contacted by: _____

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Please check the following items as they relate to a request for HHI/Homebound Instruction due to a mental health diagnosis:

- □ School attendance is being impacted by mental health/socio-emotional issues.
- □ Consulted with your School Counselor or School Psychologist.
- □ Does the student have a mental health diagnosis? Yes □ No □
  If yes, describe:_____
- □ Student/Family receiving community based therapy services (ex. Child Guidance referral).
- □ Treatment Plan available (copy attached).
- □ Previously or currently has a Behavior Support Plan (BSP), Counseling & Guidance, School Psychology services. Yes □ No □
  If yes, describe:_____
- □ Symptoms are impacting the student's ability to benefit from their current educational setting/placement.
- □ **This section does not apply.**