San Juan Unified School District
Home & Hospital Instruction (HHI)
3700 Garfield Ave., Room 18, Carmichael, CA 95608
(916) 971-7017 FAX: (916) 971-5733

PARENT AGREEMENT

Home & Hospital Instruction (HHI) is a **limited program** available to students who are **temporarily** ill or injured and require instruction at home for a short period of time. Students may be referred to HHI if they are unable to attend school due to a serious injury or illness which may result in school absence for **at least three consecutive weeks**. School site accommodations and/or alternative educational options such as independent study, charter schools, home schooling, school day reduction or other modified instruction should be considered **BEFORE** a referral is made to HHI. Home instruction may be made available **immediately at the onset of health problems if it appears the absence will exceed three weeks.**

I understand if my student is residing in a hospital, treatment program, or other residence located outside the San Juan Unified District boundaries, the school district of residence is responsible for my student's instruction.
"District Responsibility" (Ed Code 48206.3) The school district where the student resides is responsible for providing home instruction, while the district where the hospital or residential facility is located is responsible for providing instruction there.

Home & Hospital Instruction will not commence until the following forms have been received and approved by the program office;
- Physician Request (completed and signed by Medical Provider)
- Parent Agreement (completed and signed by parent/guardian)
- Authorization for Exchange of Confidential Information (completed and signed by parent/guardian)
- For all Special Education referrals – Individualized Education Plan (IEP) designating Home & Hospital Instruction (Addendum)

Student's Legal Name: _____ Birthdate: _____

Current School Attending: _____ Grade: _____

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

Home Address: _____

Best Contact Phone Number: _____ E-mail: _____

Reason for Home & Hospital Instruction (HHI) Request: _____

Does your student currently have an IEP? _____

Please initial all of the following and sign below:

_____ Regardless of physician recommendation, the SJUSD HHI office will determine the appropriateness of placement on an individual basis. Recommendations not meeting California Education Code criteria for HHI will be denied. Should your request to enroll or extend enrollment in HHI be denied, you may appeal the decision in writing.

_____ For enrollments exceeding six weeks, you may be required to provide the Home & Hospital Instruction office with an updated Physician Request form. **Mental health referrals are limited to a maximum of 60 days on Home & Hospital Instruction.**

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

After my student has been approved for HHI and it is determined that instruction will take place in the home or virtually if deemed medically necessary: **(Please initial all of the following.)**

_____ I agree that my student will participate in and be ready for instruction, as arranged with the teacher, with materials, books, and their physical needs met.

_____ I agree to be present and visible or have a designated adult (25 years or older) present in the home during HHI.

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

_____ I agree to notify the teacher 24 hours **prior to** the scheduled appointment if my student is unable to receive instruction for any reason. Make-up session/time is scheduled at the discretion of the teacher.

_____ Instruction will be offered to students between the hours of 8am and 3pm (unless otherwise agreed upon by teacher and parent).

_____ **I agree that some classes cannot be taught on HHI. No schedule is guaranteed. An alternative schedule may be offered.**

_____ I understand that my student enrolled in HHI may not be eligible for privileges at their regular school, such as dances, participation in sports, trips, etc. For students enrolled in HHI during the second semester of their senior year, receipt of a diploma must be coordinated with the regular high school counselor.

Parent/Guardian Signature: _____ Date: _____

Enrollment forms can be mailed or delivered to the HHI office, faxed to 916-971-5733, or scanned and emailed to karen.lerma@sanjuan.edu. Questions about the Home & Hospital Instruction program should be directed to Karen Lerma, Secretary or Allison Kozel, Program Manager at 916-971-7017.

San Juan Unified
SCHOOL DISTRICT

San Juan Unified School District

Home and Hospital Instruction
3700 Garfield Ave., Room 18, Carmichael, CA 95608
Telephone: (916) 971-7017 Fax: (916) 971-5733

AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL

Student Name:_____ Student ID#:_____ Date of Birth:_____

By signing this authorization, I am consenting to the exchange of information between:

Physician/ Agency:	SJUSD Home & Hospital Instruction
Agency	*Agency* 3700 Garfield Ave., Room 18
Address	*Address* Carmichael, CA 95608
City, State, Zip Code	*City, State, Zip Code* (916) 971-7017 (916) 971-5733
Telephone Number *Fax Number (required)*	*Telephone Number* *Fax Number*

Disclosure of information shall be limited to:

- ☐ Entire record (excludes HIV & Drug/Alcohol information)
- ☐ School information/Educational records
- ☐ Psychosocial information
- ☑ Treatment plan & progress
- ☑ Medical/Health information
- ☑ Psychological reports
- ☑ Psychiatric assessment
- ☐ Discharge summary
- ☐ Other:_____

Disclosing this information is for the following purposes:

- ☐ Educational assessment
- ☑ Educational planning
- ☐ Treatment planning

Other:_____
(Be specific)
_____

Expiration (required)

This authorization shall remain validuntil_____
(must be no longer than a year from date of signature)

Your Rights

I understand that I have a right to receive a copy of this authorization. I have the right to refuse to sign this form. I understand that I may revoke or modify this consent at any time by providing written notice. Written revocation will be effective upon receipt but will not apply to information that has already been released in response to this authorization.

Restrictions

I understand that the health information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and it is no longer protected by federal laws and regulations regarding the privacy of protected health information. I further understand the confidentiality of the information when released to a public educational agency is protected as a student record under the Family Educational Rights and Privacy Act (FERPA).

Approval

A copy of this authorization is valid as an original.

_____ _____ _____
Signature of Parent/Guardian *Relationship to Student* *Date*

_____ _____
Signature of Student *Date*

San Juan Unified School District

Home & Hospital Instruction (HHI)

Medical Request

Dear Medical Practitioner,

SJUSD offers Home & Hospital Instruction (HHI) as a service to meet the educational need of students with a ***temporary*** acute condition that **prevents attendance** at their regular school campus.

Student's Name: _____ Birthdate: _____

1. This above-named student is in my professional care and has incurred a temporary disability, which makes **attendance in their regular day classes or an alternative education program impossible or highly inadvisable for at least the next three weeks**.

   Check One: ☐ Yes ☐ No **Please initial here**: _____

   If No, please list the recommended accommodations for school: _____

   _____

2. Expected School Absence: Beginning date: _____ End date: _____
3. Medical Diagnosis: _____
4. Prognosis: _____
5. Date(s) of Medical/Psychiatric Examination: _____ Surgery Date: _____
6. Medications: _____
7. Physical limitations preventing school attendance: _____

   _____

8. Psychological or emotional limitations preventing school attendance: _____

   _____

9. Is Student's condition contagious? ☐ Yes ☐ No

This is to certify that the student named above is in my professional care. This student does not have a contagious disease that will endanger the health and safety of the teacher. I understand that placement of this student in Home & Hospital Instruction is at the discretion of SJUSD.

Practitioner's Signature: _____ Date: _____

Practitioner's Name: _____ Phone Number: _____

Practitioner's NPI #: _____ Fax Number: _____

For questions, please contact the HHI office at (916) 971-7017. Submit this form via email to karen.lerma@sanjuan.edu or fax to HHI (916) 971-5733.