Mt. Diablo Unified School District
2026-2027* PHYSICIAN/PSYCHIATRIST STATEMENT REQUESTING HOME & HOSPITAL INSTRUCTION *Form 3 of 4

Mount Diablo Unified School District is permitted by law to provide educational services to homebound or hospitalized students only by authorization of a licensed physician, psychiatrist or therapist. Generally, Home & Hospital Instruction is provided one hour per subject per school day on days school is in session. This should only be used as a temporary placement when medically or psychiatrically required. This service is intended to be a minimum of 15 school days to a maximum of 90 days as long as the student is under continued medical or psychiatric care and is unable to return to school. Additional authorization is needed to extend instruction every 90 days. This form is only valid for the 2026-2027 school year. If a student requires Home & Hospital instruction, a new form must be submitted each school year.

California Education Code §44873 requires that a licensed California physician or psychiatrist file a statement which includes a medical diagnosis to the extent that the student is unable to attend classes on any school campus. Chronic conditions may not qualify. **You are required to notify our office when the student's condition has improved sufficiently in order for them to return to school. Regardless of end date, all Home & Hospital Instruction services conclude on the final day of each school year.**

Name of Student:_____ **Date:** _____

The above-named student is unable to attend regular school classes, but is ready to have Home & Hospital Instruction. My medical and/or psychiatric findings and recommendation are as follows:

Diagnosis (DSM if applicable): _____

Summary of the Therapeutic Plan to enable the student to return to school (if applicable): _____

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

Patient is contagious to the Home Instruction Teacher ❑ YES ❑ NO Explanation: _____

Patient is a danger to oneself or others. ❑ YES ❑ NO Explanation: _____

Limitations, restrictions, or precautions that the Home & Hospital teacher should take when working with this student:

ESTIMATED RETURN DATE TO SCHOOL (15 days to 90 days): Date: (Mo/Day/Year)_____

❑ PHYSICIAN ❑ PSYCHIATRIST ❑ THERAPIST

Name:_____ **Signature:** _____

Office/Specialty:_____ **California License Number:** _____

Address:_____ **City, State, Zip Code:** _____

Office Phone:_____ **Office Email:**_____ **Office Fax:** _____