Student Health Services
Rochester City School District
131 W. Broad Street
Rochester, NY 14614

Medical or Mental Health
Referral for Out of School Instruction

Student Name:_____

Date of Birth:_____ School:_____ Grade:_____

Home Hospital Instruction provides 10 hours per week of instruction for students in grades K-6 and 15 hours per week of instruction for students in grades 7-12. This is significantly reduced from the approximate 35 hours per week of a normal school program. Prolonged home instruction is insufficient for a child to learn effectively, to socialize, to complete necessary labs and physical education requirements, or ultimately to graduate.

Requests for home instruction are taken seriously, as it is a considerable modification to the student's education. For this reason, **qualifying conditions must be significant and cannot be conditions that can be managed at the school.**

Home Instruction is a short-term measure for acute medical or mental health concerns. Since this is a temporary program only, **referrals are not to extend 10 weeks.** In almost every case, the best place for a child is in school with peers. Accordingly, we make every effort to work with you to tailor a program that will suit the child's medical or social/emotional needs for successful school reintegration. ***Please note:*** *This program is not a long-term program for students experiencing school avoidance or school-related anxiety. For all mental health referrals, the student must be in active mental health therapy.*

All referrals for Home Hospital Instruction must include each item listed below. Failure to meet these requirements will result in immediate denial.

- ➢ Completed and signed by MD, NP, PA-C, DO, PNP, Psychiatrist, or Psychologist who is managing the care of the student (Please note that referrals submitted by social workers are not accepted.)
- ➢ Qualifying medical diagnosis with acute need that requires the student be confined to home
- ➢ Signed HIPAA for all medical providers listed in the referral, including mental health therapist if applicable
- ➢ Transition Plan for mental health referred students (see pgs 4 & 5) to return to school within 10 weeks
- ➢ Progress Notes and/or Treatment Plan

→ Please fax completed referral & supporting documents to: **Attn: Home Hospital Nurse**
Fax Number: (585) 324-9931

→ For questions, please contact the Nurse for the Home Hospital Program at (585) 254-1240, ext 3432.

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DIAGNOSIS (be specific):

Note: If the student is pregnant, please provide the estimated date of delivery. Home Instruction will be provided for 6 weeks following a vaginal delivery or 8 weeks following a Cesarean delivery.

REQUESTED START DATE: **ESTIMATED END DATE:**

Note: Students can not receive more than 10 weeks of Home Instruction per referral. If it is believed the student will need longer, an extension referral must be submitted near the close of the initial ten-week period with a medical explanation as to why the student is not ready to return to school. Additionally, TBD is not an acceptable end date.

Is the student receiving on-going care from a specialist? YES NO

If YES → Name of Specialist & Phone Number:
(Must be included on HIPAA)

For Mental Health Referrals,
Is the student in active mental health therapy? YES NO

If YES → Name of Therapist & Phone Number:
(Must be included on HIPAA)

If NO → The district will not grant out-of-school instruction.

Is the student on medication for the current condition? YES NO

Medication Dosage → STABLE IN TRANSITION* N/A

*Length of time needed to stabilize medication:

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→**Home Instruction is a short-term measure for acute medical or mental health concerns. Please explain the student's need for home instruction services, including medical details or mental health treatment plan.**
(Please note: For mental health referrals, pgs 4 & 5 of referral must also be completed.)

→**Please list any special accommodations or restrictions the student may need upon their return to school:**

- ☐ Extra passing time
- ☐ Adult guidance from room-to-room
- ☐ Access to elevator
- ☐ No PE or sports until cleared by doctor
- ☐ Planned rests in the health office
- ☐ Assistance with toileting
- ☐ Consideration for 504 Plan
- ☐ Extended time for assignments/tests
- ☐ Reduced workload during transition period
- ☐ Scheduled breaks or safe space access
- ☐ Check-ins for understanding and emotional regulation
- ☐ Counseling support during school day
- ☐ Formal evaluation for IEP
- ☐ *Other:*

→**Please add any additional information you believe is pertinent for us to know about this student:**

_____ _____ _____
***Printed Name of Provider Completing Referral** ***Provider's Title/Credentials** ***Date of Referral**

_____ _____
***Signature of Provider Completing Referral** ***Provider's Phone Number**

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For Mental Health Referrals Only, Complete this Checklist (pgs 4 & 5)

This ***Transition Plan is a 10-week individualized plan*** which may be adjusted based on student progress and clinical presentation. All phases of the transition plan may not be necessary for every student. Our goal is for the student to fully return to school with appropriate support as needed.

→Please confirm:
☐ Student is actively engaged in mental health treatment.
☐ Parent/guardian is aware of and agrees with transition plan.
☐ Treatment plan/goals have been included in this referral.

→ Please select the phases, supports, and readiness markers appropriate for this student:

☐ Phase 1: Home Instruction – Initial Stabilization Phase

***Duration:_____ (Recommended 4 wks)**

☐ Home instruction to stabilize symptoms
☐ Instruction may occur in a **public setting** (public library/community space) when appropriate
☐ Reintroduction to structured academic expectations and work completion
☐ *Other:*

***Readiness Markers to Progress to Phase 2:**

☐ Student participates in home instruction with *reduced distress*
☐ Student tolerates discussion or viewing of school-related material
☐ Student can communicate basic needs using at least one method
☐ *Other:*

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☐ Phase 2: School Re-Engagement (Non-Classroom Instruction)

***Duration:_____ (Recommended 3 wks)**

☐ Instruction provided in school-based non-classroom settings (library, counseling office, etc.)
☐ Short, structured exposure to school environment during non-peak times
☐ Reintroduction to trusted adults and school staff supports
☐ Advance preparation of visits and transitions with treatment team recommended
☐ Continued academic instruction in home/community setting to support consistency
☐ *Other:*

***Readiness Markers to Progress to Phase 3:**

☐ Student enters school building with *manageable distress*
☐ Student can remain in a designated safe setting for a planned interval
☐ Student communicates distress/needs using agreed-upon method
☐ No *significant* worsening of eating, sleep, panic, shutdown, or avoidance after exposure
☐ *Other:*

☐ Phase 3: Partial Day School Attendance (Classroom Instruction)

***Duration:_____ (Recommended 3 wks)**

☐ Gradual transition to partial-day attendance with stepwise increase toward full day
☐ Options for delayed start, early dismissal, or reduced schedule
☐ Trusted adult support available as clinically indicated
☐ Home/community instruction decreases as school participation increases
☐ Coordination with CSE team for academic pacing and accommodations
☐ *Other:*

***Readiness Markers to Exit Phase 3:**

☐ Student tolerates consistent partial-day attendance
☐ Student completes academic work in school setting
☐ Student uses coping/communication plan when distressed
☐ No clinically significant worsening of anxiety or avoidance
☐ *Other:*