



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

Medical or Mental Health EXTENSION 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.

EXTENSION START DATE:

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

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

If YES → Please rate the student's attendance in therapy: GOOD FAIR POOR

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
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If YES → Medication dosage is: 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 **EXTENSION** of home instruction services, including updated medical details or adjustments to the mental health treatment plan. *(Please note: for mental health extensions, 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 | ☐ Extended time for assignments/tests |
| ☐ Adult guidance from room-to-room | ☐ Reduced workload during transition period |
| ☐ Access to elevator | ☐ Scheduled breaks or safe space access |
| ☐ No PE or sports until cleared by doctor | ☐ Check-ins for understanding and emotional regulation |
| ☐ Planned rests in the health office | ☐ Counseling support during school day |
| ☐ Assistance with toileting | ☐ Formal evaluation for IEP |
| ☐ Consideration for 504 Plan | ☐ 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 **must be updated** based on student progress and clinical presentation. **All phases of the updated 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 remains actively engaged in mental health treatment.
☐ Parent/guardian is aware of and agrees with updated transition plan.

→ ***Please describe the student's progress during the initial period of home instruction:*** Please give a summary of treatment since the initial referral, including interventions, response, frequency, etc. Please also describe any barriers currently preventing student progress.

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

☐ **Phase 1 Extension: Home Instruction – Continued Stabilization**

****Duration:*** _____

***Reasons for Extension:**

- ☐ Student has not yet stabilized symptoms sufficiently
- ☐ Unable to tolerate school-related discussion or materials
- ☐ Unable to sustain instruction in a public setting
- ☐ *Other:*

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

- ☐ Reduced stress during instruction
- ☐ Increased tolerance of instruction in home or public setting
- ☐ Improved communication of needs
- ☐ *Other:*



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

***Duration:** _____

***Reasons for Extension:**

- ☐ Student unable to consistently enter school building
- ☐ Stress remains high during school exposure
- ☐ Limited tolerance of structured time in school building
- ☐ Regression after school exposure attempts
- ☐ *Other:*

***Revised 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 coping strategies
- ☐ No *significant* regression following school exposure
- ☐ *Other:*

☐ **Phase 3 Extension: Partial Day School Attendance (Classroom)**

***Duration:** _____

***Reasons for Extension:**

- ☐ Student unable to maintain consistent attendance
- ☐ Academic participation remains limited
- ☐ Ongoing severe anxiety or avoidance behaviors
- ☐ Difficulty utilizing coping strategies independently
- ☐ *Other:*

***Revised 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:*

→ Anticipated Timeline for Full Return to School:

- ☐ Within 4 weeks
- ☐ Within 6-8 weeks
- ☐ Greater than 8 weeks – Please provide explanation: