

ORINDA UNION SCHOOL DISTRICT

HOME/HOSPITAL PROGRAM

PARENT EDITION



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HOME/HOSPITAL PROGRAM

Parent Edition

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PROGRAM OVERVIEW

The Home/Hospital Program coordinates academic instructional service for students of the Orinda Union School District who are confined to the home due to a temporary disability which makes school attendance impossible or inadvisable shall receive individual instruction in the student's home. This instruction applies to students incurring a physical, mental or emotional disability after which they can reasonably be expected to return to regular day classes or an alternative education program without special intervention.

The program is designed to keep students current with their regular instructional program. Credentialed teachers provide instruction on a one-to-one basis. A student who is enrolled in the program shall receive up to five (5) hours (300 minutes) of instruction a week based on the student's health care provider's recommendations. Students are provided instruction for all required subjects based on availability of teachers.

When a student is admitted to a hospital, he/she becomes a resident of the district in which the hospital is located. Independent study cannot be used in lieu of home/hospital instruction for students entering an out-of-district hospital. That district is the district responsible for providing the student with an educational alternative, not the Orinda Union School District.

ELIGIBILITY

General Education

A student with a temporary disability which makes school attendance impossible or inadvisable shall receive individual instruction in the student's home, in the hospital or other residential health facility, excluding state hospitals. This instruction applies to students incurring a physical, mental or emotional disability after which they can reasonably be expected to return to regular day classes or an alternative education program without special intervention. It does not apply to students identified as individuals with exceptional need pursuant to Education Code 56026. (Ed. Code 48206.3).

Referral Procedures

The school principal, parent or health care provider may make a referral by calling the Special Services Department at the District Office.

ELIGIBILITY

Students Who Receive Special Education Services

Placement and services to be provided in the home are an IEP team decision based on the individual needs of the student. Special education and related services provided in the home or hospital for school age pupils are limited to those pupils who have been identified as an individual with a disability according to federal (IDEA) and state laws and regulations (CCR 3030). The IEP team recommends such instruction or services. Instruction may be delivered individually or in small groups. For those individuals with exceptional needs with a medical condition such as those related to surgery, accidents, short-term illness or medical treatment for a chronic illness, the IEP team shall review, and revise, if appropriate, the IEP whenever there is a significant change in the pupil's current medical condition.

When recommending placement for home instruction, the IEP team shall have in the assessment information a medical report from the attending physician and surgeon or the report of the psychologist as appropriate, stating the diagnosed condition and certifying that the severity of the condition prevents the pupil from attending a less restrictive placement. The report shall include a projected calendar date for the pupil's return to school. The IEP team shall meet to reconsider the IEP prior to the projected calendar date for the pupil's return to school.

Instruction in the home or hospital shall be provided by a general education teacher, the special day class teacher or the instructional support specialist, if the teacher or specialist is competent to provide such instruction and services and if the provision of such instruction and services by the teacher or specialist is feasible. If not, the appropriate designated instruction and services specialists shall provide such

instruction. The teacher providing the home instruction shall contact the pupil's school and teacher to determine the course work to be covered and the books and materials to be used. For pupils in grades 6-8, the teacher shall confer with the school guidance counselor to determine the hours the pupil has earned toward semester course credit in each subject included in the IEP and the grade as of the last day of attendance.

GUIDELINES FOR PARENTS/GUARDIANS **MEDICAL NECESSITY**

1. The parent/guardian may apply for Home/Hospital Instruction the first day their child is absent from school. Students must have a "medical condition", verified by a health care provider that requires the need for Home/Hospital Instruction for a minimum of two (2) weeks. As soon as there is a medical verification, instruction may begin.
2. The parent/guardian* must fill out a "Request for Home/Hospital Instruction" Part I (top portion). This form is included at the end of this booklet. (*If you are the guardian, you must provide us with the legal documentation indicating guardianship.)
3. The physicians must fill out Part II of this form. Make sure the physician has completed all of his/her portion of the application and attaches a note on letter.
4. Bring or mail the completed form to:
Student Services Department
Orinda Union School District
8 Altatrinda Road
Orinda, CA 94563
Tel: (925) 258-6216
Fax: (925) 258-9836
5. All home/hospital requests will be reviewed and approved by the Director of Student Services.
6. The home/hospital instructor may be assigned before the "Request for Home/Hospital Instruction" form has been received and approved.
7. The Student Services department will select the home/hospital instructor. The selection of the teacher will be based on availability.
8. Books will be supplied by the student's school and should be returned to the proper source upon completion. The parent/guardian may be asked by the home/hospital instructor to sign a "Books/Materials Loan Form" making them and the student responsible for loss or damage to books/materials.

9. Notify your child's school of the beginning and ending dates of home/hospital. Your child must be dropped from his/her school attendance report on the day home instruction begins. The school will add him/her back to their attendance report on the day after home instruction has ended.
10. An adult (18 years or older) **must be present in the home at all times during home instruction**. Home instruction cannot be conducted unless this condition is met.
11. A quiet, orderly environment should be provided. All distractions should be totally removed (TV off, friends asked to leave, meals completed, etc.)
12. Homework assignments are to be completed before the next scheduled visit from the home/hospital instructor.
13. If the child is unavailable for instruction as scheduled, please notify the home/hospital instructor as soon as possible.
14. If there are any problems or questions, please call the Student Services Department at 258-6216. Please be assured that every effort will be made by the Home/Hospital Program for a rewarding educational experience for the student.
15. Before the child returns to school the parent/guardian needs to obtain a release from the child's physician including any recommendations and/or restrictions necessary.

ORINDA UNION SCHOOL DISTRICT

8 Altarinda Road, Orinda, California 94563
Phone #: (925) 258-6216 Fax #: (925) 258-9836

REQUEST FOR HOME/HOSPITAL INSTRUCTION

Date of Request: _____
Month Date Year

PART I

My child is physically unable to attend school and I request that instruction be given to him/her at home.

Pupil: _____ School: _____

Address: _____ Phone: _____ Grade: _____

Cell phone numbers: _____

Birth Date: _____ Teacher/Counselor: _____

Signature of Parent/Guardian

PART II

(To be filled out by attending physician/health care provider)

Reason child is unable to attend school: _____

Physician's recommendations: _____

Probable length of time home teacher will be needed: _____

Physician's Signature: _____

Print the Name of Physician: _____ Date: _____

.....
(For District Use Only)

Name of Home Teacher: _____

Date Instruction Started: _____ Completed: _____