



POWAY UNIFIED SCHOOL DISTRICT
Alternative Programs
13626 Twin Peaks Road
Poway, CA 92064

2018-19 School Year

Dear Parent:

In order to obtain home instruction for your child, the following forms (attached) must be completed and returned to the school site:

- **REQUEST FOR HOME AND HOSPITAL INSTRUCTION**
- **PHYSICIAN'S STATEMENT REQUESTING HOME AND HOSPITAL INSTRUCTION**
- **AUTHORIZATION FOR RELEASE/EXCHANGE OF INFORMATION**
- **IF YOUR CHILD HAS AN IEP, A CHANGE OF PLACEMENT MEETING MUST BE HELD AND HOME/HOSPITAL APPROVED FOR THE NEW INSTRUCTIONAL SETTING – A COPY OF THE NEW IEP AND MEETING NOTES MUST ACCOMPANY YOUR APPLICATION.**

Please be advised that the Home and Hospital Instruction Program provides for on-going academic instruction for students unable to attend the regular school day due to **TEMPORARY** illness, surgery, or chronic medical disorders. The program cannot support students who are taking certain electives, such as foreign languages, lab sciences, physical education, auto shop, jewelry making, or any other subjects requiring hands-on instruction.

Home or hospital instruction shall be provided only when a student is required by a doctor to be out of school for two (2) weeks or longer. Instruction will commence no sooner than the 11th day of absence or no later than 5 days after the paperwork has been submitted, whichever is later.

Also, please understand that while a student is enrolled in the Home and Hospital Instruction program, he/she will not be allowed to return to the school site for any reason – that includes sports practices, competitions, extracurricular activities/clubs, labs, standardized testing or AP exams.

A credentialed teacher will be assigned as a home tutor. The home tutor will contact you to arrange for the first visit as soon as the school site receives these forms. Instruction will begin on or after the 11th day of absence. Please arrange your time accordingly so that you will be able to make contact with the home tutor and be present when he or she works with your child. A clear and quiet workplace for the home tutor and your child is requested.

Please understand the tutor functions as, a liaison between the teacher and student, gathers the assignments, reviews and completes the coursework, **as time allows**, with the student. Your student is entitled to one hour of tutoring per day of regular attendance, up to five hours per week. The expectation is that students will work independently in addition to the five hours, based upon their tolerance level. Only the assigned tutor is authorized to collect student work; please do not take any student work directly to a school site or teacher.

Please note that before your student may be readmitted to his/her school, the enclosed form **PHYSICIAN'S RELEASE FROM HOME AND HOSPITAL INSTRUCTION** (also attached) must be signed by your physician and returned to the school site.

A doctor's release is only valid for 6 weeks. Your student's home hospital needs must be reevaluated every 6 weeks by his/her diagnosing physician; therefore, a new "Physician's Statement Requesting Home and Hospital Instruction" form must be submitted every 6 weeks in order to continue home hospital instruction.

Please contact me if I can be of any further assistance during this difficult time.

Sincerely,

Patty Hurtt
Assistant Principal, Alternative Programs

POWAY UNIFIED SCHOOL DISTRICT
13626 Twin Peaks Road, Poway, CA 92064-3034
(858) 748-0010, Ext. 2063 ● FAX (858) 679-2630

REQUEST FOR HOME AND HOSPITAL INSTRUCTION
ALTERNATIVE PROGRAMS
2018-2019

Date of Request _____ Birth date _____ Phone _____

Student's Full Name _____

Residence Address _____
First Middle Last

Parent's Email Address _____
Street City/State/Zip

School _____ Grade _____ Home Language: _____

Teacher _____ Counselor _____

Case Manager _____

Does your student receive special services? GATE 504 Special Ed (IEP) RSP (IEP)
(504 OR IEP MUST BE ATTACHED TO APPLICATION)

Reasons for Request:

Brief History of Disability:

Probable Duration of Disability _____

Last date of school attendance _____

Areas in which student needs special help _____

Student's special interests _____

Signature of Parent/Guardian _____

WARNING: DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ABOVE ARE INCORRECT, OR YOU WILL BE COMMITTING A CRIME PUNISHABLE BY A FINE, IMPRISONMENT, OR BOTH. FALSIFICATION OF ANY INFORMATION OR DOCUMENTS, EITHER WRITTEN OR VERBAL, WILL RESULT IN REVOCATION OF HOME & HOSPITAL INSTRUCTION.

DISTRICT OFFICE USE ONLY

Tutor Assigned _____ Date _____

Date Released _____



Poway Unified School District
15250 Avenue of Science, San Diego, CA 92128

Alternative Programs
Authorization for Use or Disclosure of
Educational/Medical/Mental Health/Psychiatric
Information to the School District

Patient/Student Name: _____

Last

First

MI

Date of Birth

Medical Record Number
(if applicable)

I, the undersigned, do hereby authorize:

Disclosing Party (**Doctor**)

Address

Telephone Number

Fax Number

To provide information from the above-named student's medical/mental health/psychiatric/educational record to:
Alternative Programs, Poway USD, 13626 Twin Peaks Road, Poway, CA 92064

Patricia Hurtt, Assistant Principal

858-679-2531

858-679-2630

Contact Person at Poway Unified School District

Telephone Number

Fax Number

The disclosure is required for the purpose of:

Educational Planning

Educational Assessment

Other: _____

Requested information shall be limited to:

Medical

Mental Health/Psychiatric

Educational information

Duration: This authorization shall become effective immediately and shall remain in effect until
____/____/____(enter date), or for one year from the date of signature, if no date is entered.

Revocation: I understand that I may revoke this Authorization at any time by delivering a written revocation to the *disclosing party*, signed by me or on my behalf. My revocation will be effective upon receipt, except to the extent that the parties have already acted in reliance on this Authorization.

Re-Disclosure: I understand that the School District will protect any information disclosed as prescribed by California and federal laws, including the Family Educational Rights Privacy Act, and that the information becomes part of my child's educational record. The information released under this Authorization may be shared as otherwise required or permitted by law. I understand that protected health information used or disclosed under this Authorization may no longer be protected by federal laws and regulations regarding the privacy of protected health information.

Health Info: I understand that authorizing the disclosure of health information is voluntary. I can refuse to sign this authorization, and I do not need to sign this form in order to assure medical treatment for my child.

I agree that PUSD staff may also release and disclose information with the above entity.

I have a right to receive a copy of this Authorization. I understand that a copy of this Authorization has the same effect as the original. Failure to provide all information requested may invalidate this Authorization.

APPROVAL:

Print Parent/Guardian Name

Signature

Date

Relationship to Patient/Student

Home Phone

Alt. Phone

Print Student Name (if required)

Student Signature (if required)

Date

POWAY UNIFIED SCHOOL DISTRICT
13626 Twin Peaks Road, Poway, CA 92064-3034
(858) 748-0010, Ext. 2723 ● FAX (858) 679-2630

**PHYSICIAN'S STATEMENT REQUESTING HOME AND HOSPITAL INSTRUCTION
2018-2019 (Form PP-19)**

To: Physician

We are allowed by law to provide educational services to homebound or hospitalized students only on authorization of a **licensed physician**. **Please note that the State of California only allows 5 HOURS of service each week – thus this program should only be used as a temporary and last resort.** This service will be continued as long as the student is under continued medical care and is considered to be unable to return to school. *The District depends upon you to notify us when the student's condition has improved sufficiently for him/her to return to school.*

For your convenience, we have prepared the form below, which will give us the information we need. **This form must be resubmitted every 6 weeks.** Thank you.

Date: _____

Name of Student: _____ DOB: _____

The above named student is unable to attend regular school classes, but is ready and able to have home tutoring. My medical findings and recommendations are as follows:

Diagnosis: _____

I estimate this student will be homebound until: _____

(Please give *specific* date: mmddyy
NOT TO EXCEED 6 WEEKS)

In order to protect the Home/Hospital tutor, who is instructing in the patient's home, please mark one of the below statements, and sign below:

Patient **IS** a danger to the Home/Hospital Tutor

Patient is **NOT** a danger to the Home/Hospital Tutor

Limitations, restrictions, or precautions the teacher should take in teaching this student:

Remarks: _____

Physician: _____
(print name)

Signature: _____

Address: _____

Telephone: _____

CA License No.: _____

WARNING: DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ABOVE ARE INCORRECT, OR YOU WILL BE COMMITTING A CRIME PUNISHABLE BY A FINE, IMPRISONMENT, OR BOTH. FALSIFICATION OF ANY INFORMATION OR DOCUMENTS, EITHER WRITTEN OR VERBAL, WILL RESULT IN REVOCATION OF HOME & HOSPITAL INSTRUCTION.

POWAY UNIFIED SCHOOL DISTRICT
13626 Twin Peaks Road
Poway, CA 92064
(858) 748-0010, Ext. 2063 ● FAX (858) 679-2630

PHYSICIAN'S RELEASE FROM HOME AND HOSPITAL INSTRUCTION
2018-2019

*This form **must be completed and signed by the physician** and presented to the Alternative Programs Department and confirmed **before** the student will be readmitted to class.*

Please readmit _____ to his/her regular school or
Student's Name

classroom setting, effective: _____
Date

My recommendations for this student are:

Regular School Program _____

Rest in bed at school for _____ hours

Restricted activities _____ please specify: _____

Other: _____

The above recommendations will be followed until further communication from the physician is received.

Comments:

Physician Signature _____ Date _____

Physician Name (Please Print) _____

Address _____

Phone _____

(area code)

Fax _____

(area code)

Home & Hospital Instruction Program

FAQ Sheet

Background

- The Home and Hospital Instruction Program provides on-going academic instruction to students who are unable to attend the regular school day for a period of two weeks or longer due to a TEMPORARY illness, surgery, or chronic medical disorders.
- Home and Hospital serves all students enrolled within the Poway Unified School District.
- The process takes at least five working days to initiate depending upon the amount of time it takes to complete the necessary paperwork.
- Home and/or Hospital Instruction is by definition, a temporary program and is not provided for extended periods of time or in lieu of school attendance. The program does not operate over the summer. Illnesses which last from one school year into the next will require a new application at the beginning of the new school year (i.e., fall semester). **The student must submit a new “Physician’s Statement Requesting Home and Hospital Instruction” from his/her diagnosing physician, every 6 weeks.**
- The program cannot support students who are taking certain electives, such as foreign languages, lab sciences, physical education, auto shop, jewelry making, or any other class requiring hands-on instruction.
- **While a student is enrolled in the home hospital program, he/she will not be allowed to return to the school site for any reason – that includes sports practices, competitions, extracurricular activities/clubs, labs, standardized testing or AP exams.**
- [Alternative Programs](#) oversees the program. Contact the office at 748-0010, ext. 2063.

Instruction

- Requests for Home and/or Hospital Instruction are initiated at the student's school site and will be approved by Alternative Programs after an initial conference (either in-person or by phone) with the parent(s) and student.
- A credentialed teacher is assigned as the tutor to the student and work is provided by the regular classroom teachers.
- The Home/Hospital tutor arranges an appointment at the home with the parent or other designated adult present. Instruction begins no sooner than the 11th day of absence. Class work is reviewed and discussed. The tutor is there to assist the student with understanding the assignments provided by the teacher(s). Only the tutor is authorized to collect student work; please do not deliver student work directly to a school site or teacher.
- The state limits the hours of tutoring to a maximum of three hours per day, and five hours per week. The state will not allow a student to also attend classes at a school site while enrolled in the Home/Hospital program.
- No tutoring is allowed on days that school is not in session; the five hours per week is reduced by the number of non-student days.
- Most tutor appointments are after school hours because our tutors must be either a PUSD teacher or substitute.
- If the student has an IEP, a change of placement meeting must be held and the team will decide whether home/hospital instruction is the best instructional setting for the student. A copy of the IEP and meeting notes must accompany the application.
- A new **“Physician’s Statement Requesting Home and Hospital Instruction” from his/her diagnosing physician, must be submitted every 6 weeks.** Please remember HH is for students with temporary illnesses or injuries.
- PLEASE NOTE THIS STATE MANDATE: If a student is in a hospital located in a different school district from the one in which the student’s home is located, there must be an inter-district transfer agreement to the district where the hospital resides, if the hospital’s school district is to provide the instruction.