



PASADENA UNIFIED SCHOOL DISTRICT

Home/Hospital Instruction Program Policy

POLICY: This Policy Bulletin provides District personnel with the current policies, Procedures and forms for referring a student to the Pasadena Unified Home Teaching Program. It is the District's policy that students will be referred and provided services in accordance with the policies and procedures set forth in this Bulletin.

BACKGROUND: Instruction in the home or hospital is provided pursuant to state law for eligible general education students in grades K-12 whose non-contagious temporary medical disability prevents attendance in regular day class or alternative educational program for a limited period of time. The intent is to maintain continuity of the student's instructional program during the interim period of disability. Home/Hospital instruction is designed as a temporary interim service. It shall not replace, over an extended period of time, the regularly required instructional program. Instruction in the home/hospital will commence (1) when the attending physical authorizes service to begin, based upon the student's ability to participate, and (2) upon receipt of the parent's authorization for temporary transfer of educational duties.

Instruction in the home/hospital for a temporary period of time is also provided for students with a current Individualized Education Program (IEP) or eligible student with a Section 504 Plan who meet the criteria below.

INSTRUCTIONS:

I. ELIGIBILITY CRITERIA

A. Home Instruction: Students who reside within the boundaries of the Pasadena Unified School District may be eligible for instruction in the home, if:

1. They have a noncontiguous condition(s) or temporary physical disability that cannot be accommodated at their school. (*Home teaching is placement for students with a temporary disability. Typically, the student is recovering from a physical illness, accident or recent hospitalization. When it becomes apparent an illness has become chronic, other educational alternatives, such as independent study or special education need to be investigated*).
2. They will be homebound for at least four weeks from the time home teaching is indicated. After six weeks, Home Teaching placements are reevaluated by the Home Teaching program and a second physician's report is required.
3. They are authorized to receive home instruction by the Special Education Administrator.

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4. Students with an IEP or a Section 504 Plan may receive home/hospital instruction according to their IEP or Section 504 Plan. If the student's absence is anticipated to be longer than thirty (30) days, an IEP meeting must be convened to reflect the change in placement. Convening the IEP or Section 504 Plan meeting is the responsibility of the student's school of enrollment.

II. REFERRAL PROCEDURES

- A. Requests for home/hospital teaching can be made by the student's school of enrollment. Upon request, the school nurse shall provide the parent with the following:
 1. Information cover letter (Attachment A)
 2. Physician Diagnosis & Recommendation (Attachment B)
(this must be completed by a licensed Medical Doctor).
 3. Parent application & agreement (Attachment C)
- B. Request that the parent/guardian mail or fax the completed Physician forms (Attachment B) to the school site. Instructions and fax number are on the referral forms.

III. IMPLEMENTATION OF SERVICE

Students enrolled in a full day kindergarten program and in grades 1-12+ are entitled to receive the equivalent of sixty (60) minutes of instruction per scheduled school day (five hours of instruction per week). Kindergarten students enrolled in a half-day program and pre-school students who have an Individualized Education Program (IEP) will receive the equivalent of thirty (30) minutes of instruction per school day (2.5 hours of instruction per week). Secondary students are offered instruction in **three** basic subject areas aligned to the Secondary Guidelines for Instruction. Elementary students are offered instruction in accordance with California State Grade Level Content Standards. Students with an IEP and students with a Section 504 Plan are offered instruction in accordance with their respective IEP or 504 plan.

- A. Home teaching services will be provided by a teacher from the Home/Hospital Instructional program. The home/hospital teacher will:
 1. Contact the parent or appropriate hospital personnel to schedule instruction.

2. Coordinate enrollment, attendance and discharge dates with the school of enrollment.
3. Contact the student's school of enrollment or counselor to determine appropriate course work.
4. Participate in the IEP and/or Section 504 Plan process by providing present levels of performance and suggested goals to school of enrollment if the student is receiving Special Education services.

B. The School of enrollment shall:

1. Provide a copy of the student's transcript, current IEP (if appropriate), etc.
2. Provide appropriate student textbooks and/or instructional materials for the duration of the home/hospital instruction.
3. Collaborate with the home/hospital teacher in assigning final grades and/or credits as appropriate. The school of enrollment will issue the report card.
4. Collaborate with the home/hospital teacher in reporting attendance for purpose of Average Daily Attendance (ADA).
5. Mark the AERIES field on the page of the elementary or secondary, SIS, upon notification of enrollment from the home/hospital teacher.
6. File home/hospital teaching reports and other relevant data in the student's cumulative file.
7. Maintain the student's permanent records including, but not limited to, cumulative record, health records and special education information.
8. Convene all IEP and/or Section 504 Plan meetings when they are due, if applicable.

IV. TERMINATION OF SERVICE AND RETURN TO SCHOOL

- A. Based on the estimated date of discharge from the Home/Hospital Instruction Program, as indicated on the student's original Medical Referral or Non-Medical Referral for Interim Home Instruction the home/hospital teacher shall:

1. Advise the parent to obtain a written medical release from the attending physician/psychiatrist (required for returning to school), as appropriate.
2. Assign, in cooperation with the school of enrollment, final grades and/or credits as appropriate.
3. Send the school of enrollment all instructional records immediately following the student's discharge from the program.
4. Return to the school of enrollment all student textbooks and/or Instructional material provided.

B. The school of enrollment shall:

1. Re-admit the student when the student provides a completed medical release from his/her attending California licensed physician/psychiatrist, as appropriate.
2. Re-enroll the student, whenever possible, in the same or similar instructional program as offered prior to the student's temporary absence.
3. Change the AERIES field on the page of the Elementary or on the page of the Secondary SIS.
4. Convene an IEP or 504 plan meeting within thirty (30) days of student re-enrollment at the school of enrollment of address a change in educational placement, if needed.

ATTACHMENTS:

Attachment A: Parent Information Cover Letter
Attachment B: Medical Referral for Home Instruction
Attachment C: Parent Application and Agreements
Attachment D: Nurse Application for Home Teaching

AUTHORITY:

This is a Pasadena Unified School District Policy

ASSISTANCE:

For assistance of further information, please contact
Health Programs – Ann Rector, Coordinator
626- 396-3600 – Ext. 88249

PASADENA UNIFIED SCHOOL DISTRICT
Health Programs

PARENT APPLICATION AND AGREEMENT
HOME HOSPITAL TEACHING

Pupil's Name _____	Office Use Only Teacher _____
Address _____	Date Assigned _____
Birthdate _____	Date Dismissed _____
Parent/Guardian _____	Regular _____
Home Phone _____	Special Education _____
Work Phone _____	
School _____	Grade _____
Name of Physician _____	Phone _____
Address _____	

I have applied for a home hospital teaching for my son/daughter. I understand that an adult must be present during the time the home teacher is in my home.

Signature _____
Parent/Guardian Date



PASADENA UNIFIED SCHOOL DISTRICT
EDUCATION CENTER • HEALTH PROGRAMS

Dear Parent / Guardian:

A request has been made to provide a home hospital teacher for your son/daughter. It is important that you understand the following conditions:

- Home hospital teaching is provided for those pupils who are temporarily physically impaired or handicapped to the extent that they are unable to attend school.
- This program provides a home instructor for up to five hours a week, Monday-Friday, to guide, supervise, and direct the student's home study, in the areas of Reading or English, Mathematics, and Social Studies. Home hospital teaching is not provided during school holidays, Saturdays, or during Winter, Spring, or Summer Recess.
- An adult must be present in the home when the instructor is present.
- Grades for the time your son/daughter is on home hospital teaching will be sent to the school of attendance upon termination of the program. It will be the responsibility of the school of attendance to determine whether promotion or graduation requirements have been met.
- Your son/daughter should remain at home during the hours of 8:00 am to 1:30 pm to avoid being mistaken for a truant student.

Sincerely,

Ann Rector,
Coordinator of Health Programs

PP/05/2012

351 South Hudson Avenue • Pasadena, CA 91109
(626) 396-3600 ext. 88249 • Fax (626) 584-1540
www.pasadena.k12.ca.us • www.pusd.us



PASADENA UNIFIED SCHOOL DISTRICT
EDUCATION CENTER • HEALTH PROGRAMS

Estimado Padre / Tutor:

Se ha hecho una petición para proveer un maestro en el hogar hospital para su hijo/a.
Es importante que sepa las siguientes condiciones:

- Enseñanza en el hogar hospital se provee para aquellos alumnos quienes tienen impedimento físico temporal o están incapacitados hasta cierto punto que no pueden asistir a la escuela.
- Este programa provee un instructor en casa hasta cinco horas por semana, de lunes a viernes, para guiar, supervisar, y dirigir el estudio del hogar del alumno, en la areas de Lectura, o Inglés, Matemáticas, y Estudios Sociales. No se ofrece el maestro en el hogar durante los días festivos, sábados, o durante las vacaciones del invierno, primavera, or verano.
- Debe de haber siempre un adulto presente en el hogar cuando el instructor esté presente.
- Los grados por el tiempo que su hijo/a reciba la enseñanza en el hogar se enviarán a la escuela a la que asiste su hijo/a, cuando termine el programa. Será la responsabilidad de la escuela de asistencia para determinar si se han completado los requerimientos para pasar al siguiente grado o para graduarse.
- Su hijo/a deberá permanecer en casa durante las horas del las 8:00 am a las 1:30 pm para evitar que sea confundido con un alumno que anda de vago.

Cordialmente,

Ann Rector,
Coordinadora de los Programas de la Salud

PP/05/2012

351 South Hudson Avenue • Pasadena, CA 91109
(626)396-3600 ext.88249 (626) 584-1540
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PASADENA UNIFIED SCHOOL DISTRICT
Health Programs Department

**REQUEST FOR HOME HOSPITAL TEACHING
PHYSICIAN'S DIAGNOSIS AND RECOMMENDATION**

Student's Name _____

Address _____

Parent's Name _____

Physician's Diagnosis _____

I recommend that this child: Attend a regular school.
 Be provided services of a home teacher for four
weeks or longer.

Other _____

Physician's update on student's condition required every six weeks.

Physician's Signature _____ M.D. Date _____

Address _____
Street City Zip

Phone _____

Please return form to: Ann Rector – Coordinator of Health Programs
Pasadena Unified School District
351 S. Hudson Ave. Room 126
Pasadena, CA 91109
Phone: (626) 396-3600 – Ext. 88249

PASADENA UNIFIED SCHOOL DISTRICT
Health Programs
REQUEST FOR HOME HOSPITAL TEACHING

Teacher _____ School _____

Counselor _____ Date _____

Student's Name _____ M _____ F _____
Last Name First Name M.I. Sex

Date of Birth: _____ Age _____ Grade Level: _____

Name of Parent or Guardian: _____

Address: _____ Phone: Work _____
Phone: Home _____

Reason for Request _____

Anticipated length of Home Hospital Teaching: _____

Home Hospital Teaching provides assistance in 3 subject areas or courses only: Math, English and Social Studies.

Nurse's Hospital Comments: _____

Nurse's Recommendation: _____

Signature of School Nurse _____

Submitted by _____

Approved: _____

**Note: When this form is completed, forward the original to the Health Programs Department
Attn: Ann Rector – 351 S. Hudson Ave., Rm 126 - Pasadena, CA 91109**