

Oak Park Unified School District
Home/Hospital Instruction
Information for Parents

General Information

California Education Code §48206.3 requires that Home/Hospital instruction be available to students with ***temporary*** disabilities that make attendance in regular day classes or alternative education programs ***impossible*** or ***inadvisable***. A temporary disability is defined as “a physical, mental, or emotional disability incurred while a student is enrolled in regular day classes or an alternative education program, after which the student can reasonably be expected to return to regular day classes or an alternative education program without special intervention.” Home/Hospital students can normally be expected to return to their regular classes after their disability has been addressed through medical intervention.

Home/Hospital instruction ***is typically not necessary for students who may be absent for between one and two weeks***. Instruction for these students usually be addressed at the school site level through either short-term independent study or regular classroom teacher support with assignments and flexible timelines.

Home/Hospital Procedures

In order for Home/Hospital instruction to be considered, the district must first receive a completed “Request for Home/Hospital Teacher” form (available in the school site office) signed by the student’s physician indicating the type and severity of the condition as well as the anticipated date that the student will be able to return to school. In addition, the physician must note whether the teacher would be exposed to any contagious diseases. A physician's release will be required if the student is going to return to school ***earlier*** than the anticipated date. In addition, an updated “Request for Home/Hospital Teacher” form must be completed and signed by the physician if the student is expected to return ***later*** than the originally anticipated date. A physician’s release is not required if the student will be returning on the anticipated date. The determination of whether a student requires Home/Hospital instruction will be made by the Pupil Services Department.

Home/Hospital instruction is intended as a temporary placement and is not an alternative placement for students who are habitually absent or refuse to attend school. Per Education Code §48206.3, once a student is determined to be eligible for Home/Hospital instruction, he/she will receive one clock hour of individualized instruction for each day that instruction is offered by the district in the regular education program. The maximum number of hours that can be offered to a student in any one week is dependent upon the number of school days in that week. For example, a week where school is held for only four days will result in a maximum of four hours of Home/Hospital teaching.

Students Admitted to a Hospital

If a student is admitted to a hospital that is outside of the Oak Park Unified School District for a prolonged period of time (two or more weeks), the district where the hospital is located becomes the district of residence for the purposes of instruction.

Delivery of Home Instruction

The schedule of Home/Hospital instruction should be decided upon collaboratively between the parent and the Home/Hospital teacher at times that are conducive to quality instruction. Home/Hospital teachers are not able to deliver instruction to a Home/Hospital student unless a parent/guardian is physically present in the home. If appropriate and approved by the doctor and the district nurse, Home/Hospital instruction can be provided in a setting other than the home such as a classroom after school, in the library, etc.

The student's regular campus teacher(s) will remain the teacher(s) of record and will provide lesson plans, materials, student books, and tests in a timely manner. The teacher of record will also assign grades.

Additional Information

For high school students, parents and the school counselor should discuss course options based on the student's individual needs and limitations during Home Hospital instruction. For example, the parents and counselor may wish to consider dropping a course if more than half of the grade for that course is based on any of the following:

- Hands-on experience (e.g., physical education or chemistry lab).
- Classroom participation (e.g., foreign languages and speech courses).
- Clock hours (e.g. vocational courses that require contact hours).

In addition, it should be noted that the ability to replicate a course in the home environment (e.g., AP, Honors, lab sciences, some science, and some language courses) may not be possible. Such courses are designed as college preparatory classes that receive University of California approval and possible advanced credit. These courses not only have rigorous requirements, but many include an external exam as well. Many courses in the science and elective areas offer activities that may only be completed using the equipment and/or facilities available on campus. These activities may not be able to be duplicated away from campus. If your child will be absent for an extended period of time (more than 6 weeks), please speak with your child's counselor to discuss what classes would be appropriate given your child's individual needs.

For special education students, the Individualized Education Plan (IEP) team will need to convene to discuss which (if any) special education services/supports are required during the Home/Hospital time period in order to provide a free and appropriate public education (FAPE).

If you have questions, please contact your site administrator (elementary schools) or school counselor (middle and high schools).

Oak Park Unified School District
Request for Home/Hospital Teacher
(C.E.C. 48206.3) Rehab. Act of 1973, Section 504

Distribution:	
<input type="checkbox"/>	Health file at school
<input type="checkbox"/>	Home Teacher
<input type="checkbox"/>	Parent/student
<input type="checkbox"/>	Human Resources

TO BE COMPLETED BY PARENT:

A home teacher is requested for (name of student) _____		
Current school of enrollment _____		
Current program placement: (circle one)	Regular Education	Special Education
The student will be absent for an extended period of time because of: (circle one) illness injury		
Additional Information _____		

I understand that the Oak Park Unified School District requires that a parent/guardian be present in the home during the visit by the Home/Hospital teacher.

_____	_____	_____
Signature of Parent	Date	Telephone
_____	_____	
Student's Address	City/State	

TO BE COMPLETED BY ATTENDING PHYSICIAN:

This is to certify that I have thoroughly examined this student and find he/she is unable to attend school for the period of time as described below.

RATIONALE	Dr. Initials
Diagnosis: (Indicate the temporary disability)	
Prognosis:	
Instruction at home, approximately one hour per school day, to begin:	
Instruction at home should be carried out until (please specify date) :	
This assignment does not expose the teacher to any contagious condition that can be transmitted by casual contact.	
Can instruction be provided in a location other than the home setting (ex/ library, classroom after school, etc.). <input type="checkbox"/> Yes. <input type="checkbox"/> No.	
Comments:	

_____	_____	_____
Signature of Physician	Printed Name	Date
Physician Address: _____	City: _____	
Physician Phone: _____	Fax: _____	

TO BE COMPLETED BY HOME TEACHER:

Home Teacher: I have been provided information re: Standard Precautions (Bloodborne Pathogens Exposure) and understand that a parent is required to be present in the home during the time that I am doing my Home/Hospital instruction.

Signature of Home Teacher _____	Date: _____
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**Authorization for Disclosure and
Exchange of Confidential Information
Oak Park Unified School District
5801 East Conifer St., Oak Park, CA 91377**

Addressed To: *(Specify the agency/individual that will disclose/exchange information with the Oak Park Unified School District)*

_____	_____
Name of Agency/Individual	Phone Number
_____	_____
Address of Agency/Individual	City/State/Zip Code
_____	_____
Email Address of Agency/Individual (if available)	Fax Number

Regarding:

_____	_____
Student Name	Date of Birth

Requested Information:

_____ All educational, medical, and/or psychological information including diagnosis and assessment results (may include document, records, and/or phone conversations).

_____ Only the following records or type of information: _____

_____ Please specify if any information is to be excluded: _____

Purpose of Request:

I hereby authorize the Oak Park Unified School District and the agency/individual indicated above to release and disclose educational, medical, and/or psychological information concerning my child to each other. This authorization shall become effective on the date signed and will expire in one year.

A photocopy or facsimile of this form is to be considered as valid as the original.

I have read and understand the following statements about my rights:

- I may revoke this authorization at any time prior to its expiration date by notifying the providing organization in writing, but the revocation will not extend to information that was already obtained or released prior to the revocation.*
- I have the right to receive a copy of this authorization as well as the information described in this form.*
- Under certain circumstances the information that is used or disclosed pursuant to this authorization may be redisclosed by the receiving entity according to Federal and State law and may no longer be protected. I have the right to seek assurances from the above-named persons/organizations authorized to receive the information that they will not redisclose the information to any other party without my further authorization unless mandated by law.*

_____	_____	_____
Parent/Guardian Signature	Date	Relationship