

Calaveras Unified School District

Attn: Kristyl Galli

P.O. Box 788

San Andreas, CA 95249

Phone: (209) 754-2323 Fax: (209) 754- 2165

REQUEST FOR HOME/HOSPITAL INSTRUCTION

I. Student Information: To be completed by PARENT.

Date _____

Student _____ School _____ Grade _____

Birth Date _____ Address: _____

(Please include physical address and mailing address)

Parent: _____ Home phone: _____

Work phone: _____

II. For Medical Use Only: TO BE COMPLETED BY PHYSICIAN

Physician's Name: _____ Telephone: _____

(Please Print)

Address: _____ Fax: _____

DIAGNOSES: _____.

I recommend the following:

- ☐ Home/Hospital Instruction – Home/hospital is for students needing home instruction for a short period of time due to an illness/injury in which the student is unable to attend school (usually 2-6 weeks). Example: car accident, contagious disease, short-term illness or pregnancy. The student will be able to return to school on _____.

(date)

If diagnosis is intrauterine pregnancy,

EDC: _____ Normal pregnancy: Yes No

Student may attend regular classes until: _____.

(date)

- ☐ Independent Learning – Independent learning is for students who are unable to attend regularly scheduled class. They will receive one hour of instruction with a private teacher at a designated **school site** and 20 hours of **independent** study at home.

- ☐ Special Education Services

Limitations to physical activity _____

Additional Recommendations: _____

Physician's signature _____ Date _____

III. PROGRAM AUTHORIZATION: To be completed by Calaveras Unified School District

School Nurse Recommendation:

- ☐ **Approve** home/hospital program.
- ☐ **Deny** home/hospital program. Comments: _____
- _____

District Nurse Signature

Date

Superintendent (or authorized designee) Authorization:

- ☐ Program Authorized
- ☐ Program Denied

Authorizing Official

Date

Home/Hospital Teacher Assigned

IV. INDIVIDUALIZED EDUCATIONAL PLAN: To be completed by teacher.

Regular School Program	Program Recommendations
_____	Home Inst. _____ Hospital Inst. _____
_____	From: _____ To: _____
_____	Maintain Progress in following courses: _____
_____	_____
_____	_____

Parents Signature

Teacher's signature

Date