


Bridges Charter School 	Board Policy- <h2 style="text-align: center;">Home and Hospital Instruction</h2>		
Policy Number: <h3 style="text-align: center;">5146</h3>	Adopted: <h3 style="text-align: center;">05/08/17</h3>	Revised:	Replaced:

### Purpose

The purpose of Home and Hospital instruction is to provide instruction to a student with a temporary disability in the student's home or in a hospital or other residential health facility, excluding state hospitals.

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, and after which the student can reasonably be expected to return to regular day classes or the alternative education program without special intervention.

A temporary disability does not include a disability for which a student is identified as an individual with exceptional needs pursuant to California *Education Code (EC)* Section 56026.

### Program/Services

School districts (and Charter Schools) shall notify parents at the beginning of a school term of the availability of individualized instruction for pupils with a temporary disability. (*EC* sections 48206.3[d] and 48980)

A student with a temporary disability who is in a hospital or other residential health facility, excluding a state hospital, located outside of the school district in which the student's parent or guardian resides, shall be deemed to have complied with the residency requirements for school attendance in the school district in which the hospital is located. (*EC* Section 48207)

It is the primary responsibility of the parent or guardian of a student with a temporary disability to notify the school district in which the student is deemed to reside of the student's presence in a qualifying hospital. Within five working days following notification from the parent or guardian, the school district shall determine whether the student will be able to receive individualized instruction, and, if the determination is positive, when the individualized instruction may begin. Individualized instruction shall start no later than five

working days after the positive determination has been made. (*EC* Section 48208)

*EC* Section 48206.3 specifies that for attendance accounting each clock hour of individualized instruction counts as one day of attendance. No student shall be credited with more than five days of attendance per calendar week or credited with more than the total number of calendar days that regular classes are offered by the district in any fiscal year.

## **Outcomes**

The primary outcome of Home and Hospital Instruction is to maintain a student at the student's former level of performance while recovering from the temporary disability so as not to jeopardize the student's future performance upon returning to a regular day class or alternative education program.

## **Funding**

General Fund apportionment is based on average daily attendance.

Students Served: Home and Hospital Instruction serves students with a temporary disability (*EC* Section 58206.3[b][2]) that makes attendance in the regular day classes or alternative education program in which the student is enrolled impossible or inadvisable, excluding students with "exceptional needs" (*EC* Section 56026).

## **Results**

Students are prepared to return to their regular day class or an alternative education program at their former level of performance.

Exhibit "A"

**Home and Hospital Recommendation Procedure**

- 1) School administrator/designee contacts Attendance Clerk with student name and period of extended absence (minimum of 4 weeks per Ed Code but 3 week exception will be made in special circumstances).
- 2) Attendance Clerk contacts parents and asks them to have their physician fill out Home and Hospital request form and return completed form to office.
- 3) Office Manager locates and contracts available teacher for supplemental hours in home hospital (1 hour instructional+ .5 hour prep time per day); teacher signs home hospital contract and is instructed in attendance/time sheet preparation guidelines by Office Manager. Home and Hospital teacher will pick up assignments from student's classroom teacher(s).
- 4) Home and Hospital teacher turns in timesheets and attendance to Office Manager for Director's signature. Office Manager copies timesheets/attendance reports which are placed in student's Home and Hospital file.

**REQUEST FOR HOME TEACHER (C.E.C. 48206.3)**  
**TO BE COMPLETED BY PARENT/GUARDIAN**

*Distribution:*

- Home Teaching Coordinator
- School Counselor

Date: \_\_\_\_\_

To: Bridges Charter School - Director

I am requesting a home teacher for \_\_\_\_\_, who is a student enrolled at school, in the \_\_\_\_\_ grade and who will be absent because of illness/injury for an extended period of time. Special Education? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, what program? \_\_\_\_\_.

I hereby authorize \_\_\_\_\_  
(Name of Physician)

\_\_\_\_\_  
(Physician's Address) (City) (State) (Zip) (Physician's Office Telephone #)

to communicate freely with the school nurse or counselor, and, if requested, I also authorize the release of my son's/daughter's medical information to Bridges Charter School. I understand that only the appropriate school staff members working with my son/daughter will have access to the information. This release is valid for the duration of the home teaching service. Signed: \_\_\_\_\_

\_\_\_\_\_  
(Student's Address) (City) (Telephone #)

**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 at this time. (Give a brief, non-technical description)

RATIONALE	PHYSICIAN STATEMENT
Diagnosis: (Indicate temporary disability)	
Prognosis:	
Instruction at home, approximately one hour per school day, to begin:	
Instruction at home should be carried out until <b>(Specific Date):</b>	
Does this assignment expose the teacher to any contagious condition that can be transmitted by casual contact?	
Comments:	

Signed \_\_\_\_\_ Please Print \_\_\_\_\_  
(Attending Physician) (Attending Physician)

**Physician:** Please return to Bridges Charter School, Director: 1335 Calle Bouganvilla, Thousand Oaks California 91360, (805) 492-3569, FAX (805) 493-5447

I hereby request medical records on this student. Please send to: \_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Address) (Signature of School Nurse or Counselor)