

ATTACHMENT B

GUIDELINES FOR DISTRICT ADMINISTRATION OF THE HOME/HOSPITAL (H/H) INSTRUCTION PROGRAM

Eligibility

1. A student must be enrolled in the district or must be a private school student receiving ancillary services in the school district.
2. A written statement by a qualified medical practitioner (M.D., D.O., D.M.D., D.C., N.D., P.A.), advanced registered nurse practitioner (A.R.N.P.), or licensed mental health therapist indicating that the student is unable to attend school due to physical disability or illness for at least four weeks must be on file.

Program Requirements

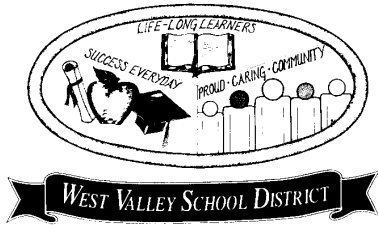
1. Tutoring is provided for students absent a minimum of four weeks but less than a semester. Tutoring may be intermittent, but the total weeks of tutoring may not exceed 18 weeks.
2. For information on the relationship of H/H instruction to Special Education and 504 see page 3 of the H/H Bulletin.
3. H/H tutoring is not provided during school vacations unless the student is enrolled in a district summer school program.
4. H/H tutoring may not begin if less than four weeks of school remain in the school year.
5. H/H instruction is for the student unable to attend school due to physical disability or illness. It may not be used to tutor a student who is staying at home with an infant or sick relative.

Reporting, Auditing, Fiscal Requirements

1. A final enrollment report must be submitted to the Office of Superintendent of Public Instruction (OSPI) in July following the end of each school year.
2. Locally developed request for H/H instruction forms must contain the following:
 - a. Student's name.
 - b. Diagnosis.
 - c. Qualified medical practitioner's signature, date, and anticipated weeks of absence.
 - d. Dates of service.
 - e. Original request or extension.
 - f. Whether or not the student is enrolled in a special education program.

These forms must be available for inspection by OSPI or educational service district staff/monitors.

3. The district must have on file for each student served the actual number of total weeks of instruction.



West Valley School District #208
Special Services
 1000 South 72nd Avenue
 Yakima, WA 98908
 Tel: 509 965 2080

Request for Home Hospital Instruction

Student name _____
 Age _____ Birth date _____ Sex M F Date of request _____
 School _____ Teacher _____
 Is this student enrolled in Special Education? Yes No

Section 1 - This Section to be Completed by a Qualified Medical Practitioner

Diagnosis:

- Disease/injury (Please specify primary diagnosis)
- Drug/alcohol treatment
- Pregnancy
- Other (Please specify)

I certify that this student is unable to attend public school for _____ weeks.

Medical Certification:

 Printed Name of Medical Provider Phone Number

 Signature

 Date

 Business Address

Section 2 - This Section for School District Use

Check one

- Original request
- Extension

Note: Beginning date on extension request must consecutively follow ending date of original request.

School District Authorization:

Date instruction will begin/continue

 Signature

 Date

 Phone

 Month

 Day

 Year