

PITTSBURG UNIFIED SCHOOL DISTRICT

Office of Student Services

Dr. ReJois Frazier-Myers, Director

2000 Railroad Ave, Suite D • Pittsburg, CA 94565

(925) 473-2347 • Fax (925) 439-1650



Home/Hospital Instruction is a limited program available to students who are temporarily ill or injured and require instruction at home for a short period of time. Student may be referred to this program if they are unable to attend school due to a serious injury or illness which will result in school absence for **AT LEAST THREE CONSECUTIVE WEEKS FROM DATE OF PHYSICIAN'S AUTHORIZATION.**

Home instruction is limited to one semester. If additional time is required beyond one semester, a new authorization form from the physician is required. Students with mental health referrals will also need a new treatment plan from their therapist.

Additional requirements for all mental health referrals:

Treatment/school re-entry plan from therapist, counselor, psychiatrist, psychologist or physician

Additional requirements for all Special Education referrals:

Individualized Education Plan (IEP) designating HHI

Completed forms with original signatures can be mailed or brought to:

Student Services Department

2000 Railroad Avenue

Pittsburg, CA 94565

PH. (925) 473-2347

Fax (925) 439-1650

Alternative educational options and/or school site accommodation must be considered **BEFORE** a referral is made to Home/Hospital Instruction. These options include Independent Study, Continuation High School, Opportunity Class, school day reduction or other modifications of regular instruction. Home/Hospital Instruction is meant to be a temporary or interim placement. It is not intended to supplant any regular instructional program in which a student is able to participate on an ongoing basis.

To The Physician:

The Pittsburg Unified School District provides home/hospital instruction for student unable to attend school for a period of at least three consecutive weeks because of illness or injury. The student's condition must be verified by a physician **ON THE DISTRICT'S FORM**, which the parent will provide. If you wish to recommend a patient for home/ hospital instruction, please complete the district's form and return to the parent or to the address above.

Home/Hospital Instruction is meant to be a temporary instructional placement for students unable to participate in any regular programs in the district. It is not meant to supplant any regular instructional program in which the student can legitimately participate. Home/Hospital Instruction diagnoses are valid for one semester only. At the end of the semester, if the student is still unable to participate in a regular school or program, you will need to complete another diagnosis form, indicating the period for which you are recommending home/hospital instruction.

If you have any questions or concerns, please call Student Services at 473-2347.

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HOME/HOSPITAL INSTRUCTION

PARENT AGREEMENT FORM

Dear Parent:

In order for home/hospital instruction to commence and continue, the parent /guardian of the pupil designated for home instruction must review and agree to the following:

1. The student must be ready for instruction at the specified time, with materials, books and his/her physical needs attended to.
2. The parent, guardian or another responsible adult must be present and visible in the home during the instructional period.
3. A quiet place should be provided, with a suitable working surface, where the teacher and student can work without interruption.
4. Parents must be responsible to see that the child completes the daily assignments. If parents have questions or concerns about their child's instruction, they should discuss them with the home instructor.
5. The parent must notify the home instruction teacher in advance should the child be unable to receive home instruction on a scheduled day.
6. The authorization forms and treatment plan must be renewed each semester.

I have read the above statements and understand that these requirements must be met in order for home instruction to commence and continue. I understand that failure to adhere to the above requirements will result in the termination of home instruction.

_____ Student's Name (please print)	_____ Home School	_____ Grade
_____ Parent/Guardian Name (please print)	_____ Student's Date of Birth	
_____ Address	_____ City	_____ Date
_____ Home Phone	_____ Work Phone	_____ Cell Phone
_____ Parent Email		

Special Ed YES NO

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HOME/HOSPITAL INSTRUCTION

TREATMENT PLAN FOR HOME/HOSPITAL INSTRUCTION

PATIENT INFORMATION

NAME OF STUDENT: _____

DMS DIAGNOSIS:

SPECIFIC SYMPTOMS/PROBLEMS:

TREATMENT STRATEGIES:

EXPECTED OUTCOME/PLACEMENT:

MEDICATION:

BECAUSE OF THIS STUDENT'S CONDITION, THE FOLLOWING RESTRICTIONS SHOULD BE OBSERVED BY THE HOME TEACHER:

Home Teaching is recommended for approximately _____ Weeks/Months (Circle One)

Physician's Name and Title _____

Telephone # _____

Signature _____ Date _____