

**E310- REQUEST FOR
HOME/HOSPITAL INSTRUCTION**

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| Anacortes School District Inclusive Services Department 2200 M Avenue Anacortes, WA 98221 | | CHECK ONE: <input type="checkbox"/> Original Request <input type="checkbox"/> Extension NOTE: Beginning date on extension request must consecutively follow ending date of original request | |
| STUDENT INFORMATION: PLEASE PRINT | | | |
| Student Name: (last, first, middle initial) | | School Student is Enrolled: | Grade Level: |
| Parent/Guardian's Name: | Phone Number: | Enrolled in Special Education? | Gender: |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | M F |
| I authorize release of information to Anacortes School District concerning this condition. | | Signature: _____ | |
| SECTION 1: TO BE COMPLETED BY QUALIFIED MEDICAL PRACTITIONER | | | |
| DIAGNOSIS: | | | |
| <input type="checkbox"/> Disease/Injury (specify primary diagnosis) | | <input type="checkbox"/> Drug/Alcohol Treatment | |
| <input type="checkbox"/> Pregnancy/Postpartum | | <input type="checkbox"/> Other (specify) | |
| <input type="checkbox"/> I certify that this student is physically unable to attend school because of his/her own medical condition for _____ weeks starting _____. | | | |
| <input type="checkbox"/> I certify that this student is physically unable to attend school because of her pregnancy starting _____ and continuing for _____ weeks postpartum due to her own medical condition.* | | | |
| <input type="checkbox"/> I certify that this student is physically unable to attend school for _____ weeks postpartum due to her own medical condition.* | | | |
| * School or tutor must call with delivery date! If delivery or recovery is complicated and more recovery time is needed, submit an extension for longer service. | | | |
| Name of Qualified Medical Practitioner: | Phone Number: | Business Address: | |
| Signature: | Date: | | |
| | | | |
| SECTION 2: TO BE COMPLETED BY DISTRICT OFFICE | | | |
| Review Date: | | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Start Date: | # of Weeks: | Tutor: | |
| Questions? Call Inclusive Services: (360) 503-1218 | | Fax: (360) 503-1201 | |

GUIDELINES FOR DISTRICT ADMINISTRATION OF THE HOME/HOSPITAL INSTRUCTION PROGRAM

REQUEST

The procedures for instituting home/hospital instruction are as follows:

1. Parent completes Section 1 of request for home/hospital instruction.
2. The family physician completes Section 2 of request for home/hospital instruction form.
3. Home/hospital instruction shall begin after district receives completed request for home/hospital instruction form.

Eligibility

1. A student must be enrolled in the Anacortes School District.
2. A written statement by a doctor of medicine, (M.D.), osteopathy, (D.O.), naturopathy (N.D.), dentistry, (D.M.D.), chiropractic, (D.C.), or physician assistant (PA); advanced registered nurse practitioner, (ARNP); 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 from the date of the application, but not more than eighteen weeks, must be provided.

Program Requirements

1. Tutoring is provided for students absent a minimum of four weeks but less than a semester. In some cases tutoring may be intermittent, but weeks of tutoring may not exceed eighteen weeks. Students with intermittent absences may not receive H/H services in a week in which they attended school at least a ½ day twice in that week. Elementary instruction emphasizes reading, math, and language skills. Secondary instruction emphasized instruction in required subjects.
2. Home/Hospital instruction may be provided while a student is being assessed for eligibility for special education services.
3. If a student has a special education health-impaired designation or is receiving 504 accommodations, work with the school's Section 504 coordinator and the IEP-responsible staff to determine appropriate services.
4. Home/Hospital tutoring is not provided during school vacations unless the student is enrolled in a district summer school program.
5. Home/Hospital instruction is for the student who is unable to attend school due to disability or illness. It may not be used for a student who is staying at home with an infant or a sick relative.

Program Provisions

If the Home/Hospital application is approved the student is approved for two hours of tutoring per week. This will not provide a complete educational program but will assist a student in maintaining his/her educational status when absent from school temporarily. Please encourage the student to resume school attendance and participation in a complete educational program as soon as s/he is able.