

School Request for Home Hospital

Dear Healthcare Provider,

(Enter Student Name) has been referred for Home Hospital Instruction. The Home Hospital Instruction program is a state funded program through the Office of Superintendent of Public Instruction (OSPI). The program provides tutoring to students who are temporarily unable to attend public school due to a medical diagnosis that prevents them from attending school for a minimum of 4 weeks and up to 18 weeks of school.

The tutor will provide tutoring services at 3 hours a week, with a total of 36 minutes per day for each eligible absence. This tutoring will not be a replacement to the student's regular educational programming, but will assist a student in maintaining his or her educational status when absent from school temporarily. Please indicate the minimum number of weeks that the student requires for recovery from illness or injury so that he or she may resume school attendance and participation in a complete educational program.

Intermittent tutoring may be provided under the following conditions; intermittent absences will total at least 20 days and the student is expected to return to school after the absence, and all eligibility for Home Hospital Instruction have been met.

Please fill out Section 1 of the attached Home Hospital Form per the request of the parent/guardian.

Please call Edmonds District's Health Services Department at (425) 431-3001 if you have any questions about the Home Hospital Program. Information can be faxed to (425) 431-7339.

Thank you for your assistance.

Student Services- Health Services Department

HOME HOSPITAL INSTRUCTION

PH: 425-431-3001 FX: 425-431-7339

Student Name: _____ DOB: _____

School: _____ Grade: _____

Original Request Extension

Beginning date of instructional time or extension _____

Special Education Team Meeting Required? Yes No

SECTION 1 – This Section to be Completed by Qualified Medical Practitioner

Diagnosis

Disease/Injury (Specific Primary Diagnosis) _____

Drug/Alcohol Treatment _____

Pregnancy _____

Other (Specify) _____

I certify that this student is unable to attend public school for an estimated period of _____ weeks.
(4-18 weeks per school year)

Intermittent attendance: Yes No

Print Name of Medical Practitioner: _____

Signature of Medical Practitioner: _____ Date: _____

Address: _____

Phone: _____ Fax: _____

Home Hospital is limited to services as deemed necessary to provide temporary intervention as a result of physical and/or mental disability or illness for an estimated period of 4 weeks or more. Services are limited to a maximum of 18 weeks per school year. Weeks of absences can be consecutive or intermittent.

Intermittent Absences:

- Intermittent absences will total at least 4 weeks, but;
- No more than a semester during a school year;
- The student is expected to resume regular classroom instruction after the absence.

If the student is absent for partial weeks, the district can count any full day the student is absent. A day may not be counted toward HH when a student is able to attend any part of the school day. Five (5) full school days of absences equates to three (3) hours tutoring.