TITLE: Home, Hospital & Tele-Teaching Instructional Services (Carlson Home Hospital School)

NUMBER: BUL-1229.2

ISSUER: Dr. Ruth Pérez
Deputy Superintendent of Instruction

Gerardo Loera, Chief Academic Officer
Office of Curriculum, Instruction and School Support

DATE: May 7, 2015

PURPOSE: It is the District’s policy, in accordance with state law, that K-12 students whose medical or psychiatric needs or other circumstances prevent them from attending their current school of attendance shall continue to receive educational services through the Carlson Home Hospital School, when this option is appropriate.

MAJOR CHANGES: This Policy Bulletin replaces BUL-1229.1, Carlson Home Instructional Program and Hospital School-Revised, dated November 28, 2005. The content has been revised to reflect the following:

- Tele-Teaching instruction will now be an option only offered through Carlson Home Hospital School
- Updated referral procedures
- Immunization requirements
- Specific timelines for temporary instruction
- Updated IEP procedures

BACKGROUND: Instruction in the home or hospital is provided in accordance with District policy and state law for eligible general education and special education students who reside within the LAUSD boundaries and whose temporary medical or psychiatric disability prevents attendance in a regular day class or alternative educational program for a sustained limited period of time. Carlson is generally NOT designed for students with chronic conditions, such as asthma or who are on kidney dialysis, which might result in frequent, but not sustained absences of ten (10) days or more. Instruction may also be provided to students on a Non-Medical Referral when educational services are temporarily unable to be provided through the student’s school of attendance.

The intent of this service is to maintain continuity and strive for educational parity with the student’s instructional program during the period of temporary enrollment with Carlson. A Carlson teacher provides instruction in two basic
core requirement subject areas (generally one English Language Arts course and one required math course). For students with an Individualized Education Program (IEP), the service aligns to the academic goals and objectives in the IEP.

Home or hospital instruction is designed as a temporary service. It does not replace, over an extended period of time, the regularly required instructional program. Carlson is not a cumulative record carrying (CUM-carrying) school. Cumulative records and certain responsibilities, such as IEP case management and related services, remain with the student's referring school of attendance.

INSTRUCTIONS:  I. ELIGIBILITY CRITERIA

Instruction in the home may be offered for a temporary period of time to eligible students for medical reasons as approved by a California licensed physician, a California licensed physician assistant (PA), or a California licensed nurse practitioner (NP); for psychiatric reasons as approved by a California licensed psychiatrist; or for non-medical reasons as approved by the Executive Director of the Division of Special Education, the Director of Educational Options, ESC Superintendents, Administrator of Operations, or their designee(s) on file.

Instruction in the hospital may be offered for a temporary period of time to eligible students for medical or psychiatric reasons as approved by the hospital attending physician/psychiatrist.

Instruction in the home or hospital is provided for eligible students, including those with a current Individualized Education Program (IEP) or a Section 504 Plan, who meet the following eligibility criteria under Section A or B.

A. Home Instruction: Students who reside within the boundaries of the Los Angeles Unified School District may be eligible for instruction in the home if under the following criteria:

1. The student has a temporary non-contagious medical condition(s), a temporary physical disability or a temporary psychiatric condition that cannot be accommodated at his/her school. School age students who are homebound may be eligible for instructional services on their first day of confinement when such confinement is anticipated to result in non-attendance for more than ten (10) consecutive school days, when verified by the medical diagnosis of a California licensed physician, a California licensed PA or a California licensed NP; or a psychiatric diagnosis when verified by a California licensed psychiatrist. The parent must authorize their child to be temporarily disenrolled from their school of attendance and temporarily enrolled in Carlson.
2. The student is authorized to receive temporary home instruction when the Non-Medical referral is approved by the Executive Director of the Division of Special Education, the Director of Educational Options, ESC Superintendents, Administrator of Operations, or their designee(s) on file. The parent must authorize their child to be temporarily disenrolled from their school of attendance and temporarily enrolled in Carlson.

Note: Home instruction will occur within the boundaries of LAUSD, and as per Ed Code 48206.3 (b)(1) within the pupil’s home, hospital or other residential health facility.

B. Hospital Instruction: Students who are hospitalized within the boundaries of the Los Angeles Unified School District may be eligible for instruction in the hospital when the attending physician/psychiatrist estimates hospitalization for more than ten (10) consecutive school days and authorizes service to begin. Eligibility for instruction may begin on the first day of hospitalization. The parent must authorize their child to be temporarily disenrolled from their home school and temporarily enrolled in Carlson.

II. REFERRAL PROCEDURES

Referral forms to request Carlson services (Attachments A, B, C or D) may be obtained from the student's school of residence or school of attendance, or may be downloaded from the Carlson website at https://carlson-lausd-ca.schoolloop.com. For secondary students, a copy of the transcripts and transfer grades should accompany the referral.

A. The Home Medical Referral form (Attachment A) is completed by the physician, PA or NP, and the parent/guardian. For students who are first time LAUSD enrollees, prior to enrollment at Carlson, the student is to register at the LAUSD school of residence so that a cumulative record and health card are established. The Home Medical Referral validity shall not exceed one year from the signature date of the referring physician, PA or NP.

B. The Hospital Medical Referral form (Attachment B) is completed by the hospital attending physician/psychiatrist and the parent/guardian. For students who reside at a sub-acute care facility and are also first time LAUSD enrollees, prior to enrollment at Carlson, the student is to register at the LAUSD school of residence so that a cumulative record and health card is established. The Hospital Medical Referral validity shall not exceed one year from the signature date of the referring physician.
C. The Psychiatric Referral form (Attachment C) is completed by the Psychiatrist and the parent/guardian and shall not exceed 60 days in length. For students who are first time LAUSD enrollees, prior to enrollment at Carlson, the student is to register at the LAUSD school of residence so that a cumulative record and health card are established. A subsequent Psychiatric Referral will initiate notification to the CUM-carrying school to consider scheduling a student success team meeting, or review of the current IEP or Section 504 Plan.

D. The Non-Medical Referral for Interim Home Instruction form (Attachment D) is initiated by the school, signed by the parent/guardian, and sent to the Executive Director of the Division of Special Education, the Director of Educational Options, ESC Superintendents, Administrator of Operations, or their designee(s) on file for authorization, and shall not exceed 60 days in length.

E. The completed referral form together with current immunization records should be sent to:
   The School Nurse
   Carlson Home Hospital School
   10952 Whipple St.
   North Hollywood, CA 91602
   or faxed to 818-505-0246

III. ASSIGNMENT, ALLOCATION AND PROVISION OF SERVICES

A. Assignment and Allocation of Services

1. Instruction in the home/hospital will commence when the completed referral is reviewed and approved by the Carlson Home Hospital School principal/designee.

2. Allocation of Services
   a. Students enrolled in grades K-12 will be provided the equivalent of sixty (60) minutes of instruction per scheduled school day. To ensure that English Learners (EL) are provided access to standards-based instruction and English Language Development instruction, English Learners shall be provided the equivalent of an additional 30 minutes of instruction per school day to fulfill additional language instruction requirements.
   b. Tele-teaching is a home instructional option available for students.
   c. Instruction may be provided individually, in groups or by tele-teaching, at the discretion of the administrator.
   d. Students are provided instruction in two basic core requirement
subject areas (generally one English Language Arts course and one required math course) aligned to the general education or alternate curriculum unless additional courses are approved by a Carlson administrator.

e. For secondary students, if the Carlson administrator approves an additional class, every effort will be made to provide opportunities for that class through on-line, tele-teaching or other District-approved virtual classes.

f. An IEP team meeting must be conducted as a review meeting whenever the student’s placement is changing to a home/hospital program.

   i. The IEP team meetings must review and revise the IEP in order to clearly indicate the student’s goals, special education and related services, instructional accommodations and/or modifications, or any supplemental supports or services, including low incidence (LI) equipment, needed to provide a Free Appropriate Public Education (FAPE) while the student is placed in the Carlson Home Hospital program.

   ii. FAPE1 must indicate Carlson Home or Carlson Hospital, according to the referral type, as a District non-resident school.

   iii. Future changes must indicate the placement and any supplemental services and supports that the student will receive as FAPE upon expiration of the medical, psychiatric, or non-medical authorization.

   iv. Related services may be determined by an IEP team for the student to benefit from special education. These services will be provided at the school of residence or in the alternative educational setting while the student is placed at Carlson. If a service is medically contra-indicated, it is documented on FAPE2, section IV.

g. Students who qualify for Carlson services will be enrolled continuously during their illness and recuperation in order to maintain continuity and parity of educational services.

B. Provision of Services:

1. Instructional services will be provided by a teacher from the Carlson Home Hospital School.

2. Hospital instructional service hours are between 8:00 am and 3:00 pm, Mondays through Fridays.

3. Home instructional service hours are between 8:00 am and 7:00 pm Mondays through Fridays.

4. For students assigned a part-time Carlson Supplemental teacher, as per Ed Code 51801, instruction may also occur on Saturdays between the
hours of 8:00 am and 12:00 pm.

5. At all times during home instruction a responsible adult must be present. Specific instructional hours are determined by the assigned teacher’s schedule and availability. To the extent possible, teachers will make every effort to accommodate those with special time needs.

6. Students with a Section 504 Plan will be provided the instructional accommodations in accordance with their 504 Plan, as appropriate in the home or hospital setting.

7. Students with an IEP are provided instruction in accordance with the academic goals and objectives of the IEP, as appropriate in the home or hospital setting.

IV. CARLSON AND SENDING SCHOOL RESPONSIBILITIES

A. Carlson will:

1. Determine whether the student qualifies for Carlson services.
2. Assign a teacher, together with the method of delivery of instruction, who will contact the parent or appropriate hospital personnel to schedule enrollment and instruction. All enrollment paperwork, including the Meal Application, must be completed prior to the end of the first session of instruction.
3. Coordinate enrollment and discharge dates with the cumulative record carrying school.
4. In consultation with the cumulative record carrying school counselor (if secondary), determine official course titles during student’s temporary enrollment at Carlson.
5. For students who qualify for Carlson services and have an IEP, enroll the student and then notify the cumulative record carrying school of their responsibility to conduct an IEP to indicate this temporary change of placement.
6. Be responsible for the administration of all State and District-wide assessments, as appropriate.
7. For secondary students, will input grades and credits into the District’s student database upon course completion.
8. Advise the cumulative record carrying school to:
   a. Hold a Student Success Team Meeting (SST) to determine whether special education services or other supports might be appropriate for a general education student when a second (or subsequent) psychiatric referral has been approved;
   b. Or, for students with an IEP, to hold an IEP meeting to determine if any additional supports or changes are deemed necessary.
9. Notify the cumulative record carrying school when a student’s current medical condition may warrant consideration for an SST to determine whether additional supports and/or services, such as a Section 504 Plan
and/or special education assessment may be appropriate.

10. Where appropriate and able, will participate in the SST, Section 504 Plan and/or IEP team meeting by providing input as to whether or not the present goals and objectives were met and providing information regarding the proposed present levels of performance, suggested goals and the ITP, if appropriate.

B. The cumulative record carrying school will:

1. “L:-2” the student when the student is enrolled in Carlson.
2. Conduct a review IEP team meeting when a student with an IEP enrolls at Carlson to address the temporary change of placement.
3. Conduct an IEP team meeting whenever there is a change in the student’s performance that requires the IEP team to convene to review the current offer of FAPE.
4. Ensure that Related Services and Low Incidence (LI) equipment that are required for FAPE in the Carlson program are provided during the regular and extended school year.
5. Provide a copy of the student’s current immunization records, transcript (including leaving marks or transfer grades), and all other required records.
6. Provide appropriate student textbooks and/or instructional materials for the duration of the home or hospital instruction and collaborate with the assigned Carlson teacher to provide educational continuity.
7. Accept and post credits and grades to official transcripts and cumulative records.
8. Maintain the student’s permanent records including (but not limited to) cumulative records, health records and special education information.
9. Hold a place to readmit the student into the same instructional program as offered prior to the student’s temporary absence.
10. Convene all SST, IEP and/or Section 504 Plan meetings when they are due or when the student’s current medical condition results in a significant change in the present levels of performance and/or eligibility.
11. Use program 12817 funds to provide a general education teacher as needed to participate in the IEP meeting.
12. Identify the Carlson teacher as a participant in the Welligent web-based IEP system.
13. For students who would otherwise matriculate during their enrollment at Carlson, send the CUM record to the student’s new school of residence.
14. For Home students who are new to LAUSD, the school of residence will establish a CUM and health card prior to sending the student to Carlson.

V. TERMINATION OF SERVICE AND RETURN TO SCHOOL
A. Based on the anticipated discharge date from Carlson Home Hospital School as indicated on the student’s original Home Medical Referral (Attachment A), or Hospital Medical Referral (Attachment B), or Psychiatric Referral (Attachment C), or Non-Medical Referral for Interim Home Instruction (Attachment D), Carlson will:

1. Advise the parent to obtain a written medical release from the attending physician/psychiatrist (required for returning to school), as appropriate.
2. Assign, in cooperation with the cumulative record carrying school, leaving grades, final grades and/or credits as appropriate.
3. Send the cumulative record carrying school pertinent enrollment and discharge records immediately following the student’s discharge from Carlson.
4. Advise the parent to return to the cumulative record carrying school all student textbooks and/or instructional materials provided by the school.

B. The cumulative record carrying school will:

1. Readmit the student when the student provides a completed medical release from his/her attending California licensed physician/psychiatrist, as appropriate.
2. Readmit the student, into the same instructional program as offered prior to enrollment in Carlson Home Hospital School. This includes Magnet schools, affiliated Charter Schools and previously non-capped students at their previous school of residence.
3. Convene an IEP team meeting or Section 504 Plan meeting within thirty (30) days of student re-admittance to address a change/update in medical information, goals, objectives and/or educational placement whenever there is not a current offer of FAPE indicated in the active IEP.
4. Accept all Carlson leaving grades and post any final grades on official student records.

**AUTHORITY:** This is a policy of the Superintendent of Schools, Los Angeles Unified School District.

**RELATED RESOURCES:**
- California Education Code, Section 48206.3 Provides for individual instruction in the home, hospital or other residential health facilities for students with temporary disabilities.
- California Education Code, Section 48206.3 (2), defines students with temporary disabilities.
- California Education Code, Section 56363 (a) (b), provides for instruction in the home or hospital for students with disabilities.
- CCR 3042 Provides for placement to provide instruction to students with exceptional needs in the home or hospital.
- CCR 3051.4 Provides for special education and related services to students in
the home or hospital and defines the acceptable methods of delivery of service, and specifies some responsibilities of the home instruction teacher.

ATTACHMENT:  
Attachment A: Home Medical Referral  
Attachment B: Hospital Medical Referral  
Attachment C: Psychiatric Referral  
Attachment D: Non-Medical Referral for Interim Home Instruction

ASSISTANCE:  
For assistance and further information, contact Carlson Home Hospital School at 818-509-8759. Or you may refer to the Carlson website at https://carlson-lausd-ca.schoolloop.com.

For information on additional programs available to students with medical and non-medical concerns, not in association with Carlson Home Hospital School, contact:

Special Education Service Center, Operations: 213-241-6701  
City of Angels School (Independent Study Program): 323-415-8350  
Pregnant Minor Program: McAlister High School 213-381-2823  
Riley High School 323-563-6692
HOME MEDICAL REFERRAL

Student Information

Last Name________________________ First Name________________________ [ ] M [ ] F
DOB________/____/____ Gr.____ Student Language________________________ Parent/Guardian Language________________________
Address________________________ City________________________ Zip________________________
Home Phone ( )________________________ Cell Phone ( )________________________ Work Phone ( )________________________
Parent/Guardian________________________
School of Attendance________________________ Phone ( )________________________ Last date of attendance________________________
School of Residence________________________
Does student have a current IEP/504 Plan? [ ] Yes [ ] No [ ] Eligibility________________________

IMPLEMENTATION OF SERVICE

HOME TEACHING Carlson Home Instruction will provide five (5) hours of instruction per week in a manner consistent with California laws governing home teaching. Instruction is offered in two (2) basic subject areas unless additional courses are approved by a Carlson administrator. A responsible adult (18 years of age or older) must be present when the teacher is in the home.

By signing this authorization for service, the parent/guardian is agreeing to the following:

► If the student is eligible, educational services will be temporarily provided by the Carlson Home/Hospital School.
► The student will be temporarily enrolled from his/her regular school of attendance (cumulative record carrying school) during the period he/she is receiving home instruction or tele-teaching. Grades and marks will be reported to the cumulative record carrying school.
► Educational information will be accessed and used to plan and provide an appropriate educational program for the student.
► Permission to provide services or access school records may be revoked via written parent/guardian request at any time.
► The parent/guardian has the right to receive a copy of this form upon request.

PARENT/LEGAL GUARDIAN AUTHORIZATION TO RECEIVE/RELEASE MEDICAL AND ACADEMIC INFORMATION AND TEMPORARILY TRANSFER EDUCATIONAL DUTIES:

Parent Signature________________________ Date:________________________

California Licensed Physician must complete page 2 to authorize service
A COPY OF IMMUNIZATION RECORDS ARE REQUIRED WITH THIS REFERRAL

HOME MEDICAL REFERRAL

Student Name ___________________________ D.O.B ___________________________

PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER: A request for temporary Home Instruction has been made for the above-named student. This referral form (page 2 of 2) must be completed by a California licensed physician, physician assistant, or nurse practitioner in order to be considered, and must include a diagnosis and the length of time the student is anticipated to be confined. Chronic conditions may not qualify. DO NOT USE THIS FORM FOR PSYCHIATRIC CONDITIONS. (USE ATTACHMENT C).

Attending Physician’s Statement

Is student physically capable of attending classes on his/her school campus now, with accommodations to meet their physical or other needs? ☐ Yes ☐ No

If yes, please list accommodations:

If no, please complete the information below:

Diagnosis:

Summary of Therapeutic Plan to enable the student to return to school:

Limitations, restrictions, or precautions the teacher should take in teaching this student:

Is student's condition contagious? ☐ Yes ☐ No

This section to be completed by a California licensed physician, physician assistant, or nurse practitioner:

Estimated date student may return to school (Specific date required): ___________________________

Signature ___________________________ MD, PA, or NA (circle one) Date ___________________________

Print Name ___________________________ Phone: ( ) ___________________________

Print Title ___________________________ Fax: ( ) ___________________________

Print the name of the supervising physician ___________________________ MD

Address ___________________________ City ___________________________ Zip ___________________________

Rev 2015
A COPY OF IMMUNIZATION RECORDS SHOULD ACCOMPANY THIS REFERRAL

BUL-1229.2  LOS ANGELES UNIFIED SCHOOL DISTRICT  Page 1 of 2 ATTACHMENT B
Carlson Home Hospital School
10952 Whipple St.  No. Hollywood, CA 91602
Phone: (818) 509-8759  FAX: (818) 505-0246

HOSPITAL MEDICAL REFERRAL

CARLSON HOSPITAL TEACHER: ____________________________  ________________

Last Name__________________________ First Name__________________________  □ M  □ F
D.O.B. __/__/____  Gr. __________  Student Language__________________________  Parent/Guardian Language__________________________
Address___________________________________________________________
City__________________________  Zip__________________________
Home Phone ( ) ________________ Cell Phone ( ) ________________ Work Phone ( ) ________________
Parent/Guardian__________________________
School of Attendance__________________________  Phone ( ) ________________  Last date of attendance__________________________
School of Residence__________________________
Does student have a current IEP/504 Plan? □ Yes  □ No  Eligibility__________________________

IMPLEMENTATION OF SERVICE

HOSPITAL TEACHING - Hospital Instruction will be provided in a manner consistent with California laws governing home/hospital teaching. Instruction is offered in two (2) basic subject areas unless additional courses are approved by a Carlson administrator.

By signing this authorization for service, the parent/guardian is agreeing to the following:

► If the student is eligible, educational services will be temporarily provided by the Carlson Home Hospital School.
► The student will be temporarily disenrolled from his/her regular school of attendance (cumulative record carrying school) during the period he/she is receiving home instruction or teleteaching. Grades and marks will be reported to the cumulative record carrying school.
► Educational information will be accessed and used to plan and provide an appropriate educational program for the student.
► Permission to provide services or access school records may be revoked via written parent/guardian request at any time.
► The parent/guardian has the right to receive a copy of this form upon request.

PARENT/LEGAL GUARDIAN AUTHORIZATION TO RECEIVE/RELEASE MEDICAL AND ACADEMIC INFORMATION AND TEMPORARILY TRANSFER EDUCATIONAL DUTIES:

Parent Signature__________________________ Date:__________________________

The Hospital Attending Physician or Psychiatrist must complete page 2 to authorize service
A COPY OF IMMUNIZATION RECORDS SHOULD ACCOMPANY THIS REFERRAL

HOSPITAL MEDICAL REFERRAL

Student Name ___________________________________________  D.O.B __________________________

PHYSICIAN: A request for Hospital Instruction has been made for the above-named student. If educational services are authorized at this time, please complete, sign below and return this form to the Hospital Teacher or Carlson Office.

Attending Physician's / Psychiatrist's Statement

<table>
<thead>
<tr>
<th>Diagnosis or ICD/DSM Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary of Medical Problem/Therapeutic Plan:</td>
</tr>
</tbody>
</table>

| Precautions/Restrictions applicable for bedside/classroom teaching: |

| Is student in ICU? □ Yes  □ No |
| In Isolation? □ Yes  □ No  Type ____________________________ |
| Is student's condition contagious? □ Yes  □ No |

This section to be completed by a California licensed physician or psychiatrist:

| Admission Date: ___________________________  Estimated Discharge Date: ___________________________ |
| Signature ___________________________ MD  Signature Date ___________________________ |
| Print Name ___________________________ Phone: ( ) ___________________________ |
| Print Title ___________________________ Fax: ( ) ___________________________ |
| Address ___________________________ City ___________________________ Zip ___________________________ |

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A COPY OF IMMUNIZATION RECORDS ARE REQUIRED WITH THIS REFERRAL

CARLSON HOME HOSPITAL SCHOOL
10362 Whipple St. No Hollywood, CA 91602
Phone: (818) 509-8759 FAX: (818) 505-0246

May 7, 2015

PSYCHIATRIC REFERRAL FOR HOME INSTRUCTION

Student Information

Last Name_________________________ First Name_________________________ M F
DOB __/__/____ Gr. ______ Student Language_________________ Parent/Guardian Language_________________
Address ___________________________________________ City__________ Zip__________
Home Phone (_____)_______________ Cell Phone (_____)_______________ Work Phone (_____)_______________
Parent/Guardian_________________________ Phone (_____)_______________ Last date of attendance__________
School of Attendance_____________________ School of Residence______________
Does student have a current IEP/504 Plan? [Yes] [No] Eligibility_________________________

The following modified programs or other educational options have been tried (please check all options that apply):

- [ ] Enrolled in a shortened school day.
- [x] Enrolled in an Independent Study Program allowing the student to complete course work independently, at home, and review
  work once a week with a teacher for a grade.
- [ ] Developed and implemented a Section 504 Plan to accommodate student needs through program modifications (i.e. modify a
class schedule, adjust placement of a student within a classroom, increase/decrease opportunity for movement, quiet area to
complete work, approve early dismissal for service agency appointments, etc.).
- [ ] Identified as eligible for special education services and an Individualized Education Program (IEP) was developed to consider
  the student’s abilities, educational needs, and the appropriate placement and services.
- [x] Other: ____________________________ Comments: ____________________________

IMPLEMENTATION OF SERVICE

HOME TEACHING - Carlson Home Instruction will provide five (5) hours of instruction per week in a manner consistent with
California laws governing home teaching. Instruction is offered in two (2) basic subject areas unless additional courses are
approved by a Carlson administrator. A responsible adult (18 years of age or older) must be present when the teacher is in the home.

By signing this authorization for service, the parent/guardian is agreeing to the following:

- [x] The student is eligible, educational services will be temporarily provided by the Carlson Home Hospital School
- [ ] The student will be temporarily disabled from his/her regular school of attendance (cumulative record carrying school) during the
  period he/she is receiving home instruction or tele-teaching. Grades and marks will be reported to the cumulative record carrying school.
- [x] Educational information will be accessed and used to plan and provide an appropriate educational program for the student.
- [ ] Permission to provide services or access school records may be revoked via written parent/guardian request at any time.
- [ ] The parent/guardian has the right to receive a copy of this form upon request.

PARENT/LEGAL GUARDIAN AUTHORIZATION TO RECEIVE/RELEASE MEDICAL AND
ACADEMIC INFORMATION AND TEMPORARILY TRANSFER EDUCATIONAL DUTIES:

Parent Signature_________________________ Date:_________________________

California Licensed Psychiatrist must complete page 2 to authorize service
PSYCHIATRIC REFERRAL FOR HOME INSTRUCTION

Student Name ___________________________ D.O.B. ___________________________

PSYCHIATRIST: A request for temporary Home Instruction has been made for the above-named student. This referral form (page 2 of 2) must be completed by a California licensed psychiatrist in order to be considered, and must include a diagnosis and the length of time the student is anticipated to be confined to the home.

Psychiatrist’s Statement

Is student capable of attending classes on his/her school campus now, with accommodations to meet their emotional needs? □ Yes □ No

If yes, please list accommodations:

If no, please complete the information below:

Diagnosis or ICD/DSM Code:

Summary of Therapeutic Plan:

What medication(s) is/are the student currently prescribed?

Is the student a danger to self or others: □ Yes □ No

Explain: ___________________________

Why is the student unable to attend school?

What aspects of the treatment plan are being implemented to enable the student to return to school?

This section to be completed by a California licensed psychiatrist.

Estimated date to return to school (Specific date required, not to exceed 60 calendar days): __________________________

Signature ___________________________ M.D. Date ___________________________

Print Name & Title ___________________________ Phone: ( ) ___________________________

Fax: ( ) ___________________________

Address ___________________________ City ___________________________ Zip ___________________________
**A COPY OF IMMUNIZATION RECORDS ARE REQUIRED WITH THIS REFERRAL**

<table>
<thead>
<tr>
<th>BUL-1229.2</th>
<th>LOS ANGELES UNIFIED SCHOOL DISTRICT</th>
<th>Page 1 of 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 7, 2015</td>
<td>Carlson Home Hospital School</td>
<td>ATTACHMENT D</td>
</tr>
<tr>
<td>10952 Whipple St. No Hollywood, CA 91602</td>
<td>Phone: (818) 509-8759 FAX: (818) 505-0246</td>
<td></td>
</tr>
</tbody>
</table>

**NON-MEDICAL REFERRAL FOR INTERIM HOME INSTRUCTION**

**NOTE:** Home Teaching is considered a change in placement. Where applicable attach a copy of the current IEP page which indicates interim placement to Home Teaching and the anticipated ending date of service. Placement may not exceed 60 calendar days without a review of the current IEP.

<table>
<thead>
<tr>
<th>Student Information</th>
</tr>
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<tbody>
<tr>
<td>Last Name</td>
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</tbody>
</table>

**IMPLEMENTATION OF SERVICE**

**HOME TEACHING** - Carlson Home Instruction will provide five (5) hours of instruction per week in a manner consistent with California laws governing home teaching. Instruction is offered in two (2) basic subject areas unless additional courses are approved by a Carlson administrator. A responsible adult (18 years of age or older) must be present when the teacher is in the home.

By signing this authorization for service, the parent/guardian is agreeing to the following:

- If the student is eligible, educational services will be temporarily provided by the Carlson Home/Hospital School.
- The student will be temporarily disabled from his/her regular school of attendance (cumulative record carrying school).
- The student's cumulative record will determine the instruction given. Grades and marks will be reported to the cumulative record carrying school.
- Educational information will be accessed and used to plan and provide an appropriate educational program for the student.
- Permission to provide services or access school records may be revoked by written parent/guardian request at any time.
- The parent/guardian has the right to receive a copy of this form upon request.

**PARENT/LEGAL GUARDIAN AUTHORIZATION TO RECEIVE/RELEASE MEDICAL AND ACADEMIC INFORMATION AND TEMPORARILY TRANSFER EDUCATIONAL DUTIES:**

Parent Signature: __________________ Date: __________

One of the following persons must complete page 2 to authorize service:

Executive Director of Special Education, Executive Director of Options, ESC Superintendent, Administrator of Operations, or their designee on file.
A COPY OF IMMUNIZATION RECORDS ARE REQUIRED WITH THIS REFERRAL

NON-MEDICAL REFERRAL FOR INTERIM HOME INSTRUCTION

NOTE: Home Teaching is considered a change in placement. Where applicable attach a copy of the current IEP page which indicates interim placement to Home Teaching and the anticipated ending date of service. Placement may not exceed 60 calendar days without a review of the current IEP. Service may be provided through Home Teaching or Tele-Teaching.

To Be Completed By District Personnel

The following modified programs or other educational options have been tried (please check all options that apply):

☐ Enrolled in a shortened school day.
☐ Enrolled in an Independent Study Program allowing the student to complete course work independently, at home, and review work once a week with a teacher for a grade.
☐ Developed and implemented a Section 504 Plan to accommodate student needs through program modifications (i.e. modify a class schedule, adjust placement of a student within a classroom, increase/decrease opportunity for movement, quiet area to complete work, approve early dismissal for service agency appointments, etc.)
☐ Identified as eligible for special education services and an Individualized Education Program (IEP) was developed to consider the student’s abilities, educational needs, and the appropriate placement and services.
☐ Other: 

Comments ____________________________

Is the student a present danger to the teacher? ☐ Yes ☐ No  If yes, please explain: ____________________________

Reason for Referral: ____________________________

Non-Medical Referral form completed by:

Print Name ____________________________ Print Title ____________________________ Phone Number ____________________________ Date ____________________________

Requested beginning date of service: ____________________________ Anticipated ending date as indicated on IEP ____________________________

(Referral not to exceed 60 days)

The Non-Medical Referral must be authorized by the Executive Director of Special Education, Executive Director of Options, ESC Superintendent, Administrator of Operations, or their designee on file.

Print Name ____________________________ Print Title ____________________________ Date ____________________________

Signature ____________________________ Direct Phone Number ( ) ____________________________

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