

TITLE: Carlson Home and Hospital Instruction

NUMBER: BUL-1229.4

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ROUTING
All Employees
All Locations

POLICY: It is the District's policy, in accordance with state law, that TK-12 students whose medical, 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-1229.3, Carlson Home Instructional Program and Hospital School, dated July 2, 2018. The major changes are:

- Updated enrollment information
- Updated referral forms
- Updated IEP and Section 504 Plan procedures
- Updated program and class offerings

GUIDELINES: Instruction in the home, hospital, or residential treatment center (RTC) is provided in accordance with District policy and state law for eligible general education and special education students who reside within the Los Angeles Unified School District (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.

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 who provides individualized instruction provides students with two core requirements [30 minutes for English Language Arts and 30 minutes for Math, with an additional 30 minutes

for students qualifying for English Language Development (ELD) or Mainstream English Language Development (MELD) instruction]. For students with an Individualized Education Program (IEP), instruction aligns to the academic goals and objectives in the IEP and services are individually determined according to student needs. For students with a Section 504 Plan, appropriate accommodations are provided as stipulated in the plan.

Standard English Learners (EO/IFEP, African American, Hispanic American, Hawaiian American and Native American) receive MELD instruction and benefit from rigorous and engaging instructional resources that are culturally and linguistically relevant.

Home, hospital, or RTC 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, such as Individual Graduation Plans (IGP) and career pathways, immunizations and related documents remain with the student's referring school of attendance.

Schools may want to consider long-term independent study options, through City of Angels or Virtual Academy Schools for those students who are capable of maintaining a full course load and want to remain on-track with their studies.

ELIGIBILITY CRITERIA

Instruction in the home may be offered for a temporary period of time to eligible homebound students for medical reasons as approved by a California licensed physician, a California licensed physician assistant (PA), a California licensed nurse practitioner (NP), or a California licensed Doctor of Osteopathic Medicine (DO); for psychiatric reasons as approved by a California licensed psychiatrist or a California licensed physician. Carlson is only authorized to provide services with a valid referral (as described above) and only during the duration of time authorized by the referral's signatory.

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, hospital or RTC is provided for eligible students, including those with a current IEP or a Section 504 Plan, who meet the following eligibility criteria under Section A or B.

Face-to-Face (1:1) Home Instruction: Students in grades TK-12 on the General Education Curriculum and TK-12 on the Alternate Curriculum who reside within the boundaries of LAUSD may be eligible for face-to-face (1:1) instruction in the home, if under the following criteria:

- A. 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, a California licensed NP, or a California licensed DO; or a psychiatric diagnosis when verified by a California licensed psychiatrist, or a California licensed physician. The parent/guardian must authorize his/her child to be temporarily disenrolled from the school of attendance and temporarily enrolled in Carlson.
 - Note: Home instruction will occur within the boundaries of LAUSD, and as per *Education Code* 48206.3 (b)(1) within the pupil's home when other options are not available or feasible, hospital or other residential health facility.
- B. Hospital Instruction: Students who are hospitalized within the boundaries of LAUSD 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.
- C. RTC Instruction: Students who reside at an RTC within the boundaries of LAUSD are eligible for instruction.

REFERRAL PROCEDURES

Referral forms to request Carlson services (Attachments A, B, or C) may be obtained from the student's school of residence or school of attendance or may be downloaded at <https://www.lausd.org/Page/20247>. A complete copy of immunization records must accompany the referral for all students. For secondary students, a copy of the transcript and transfer grades should accompany the referral.

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- A. The Home Medical Referral form (Attachment A) is completed by the physician, DO, 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, DO, PA or NP. For clarification regarding initial or continued eligibility for Carlson services, the Carlson school nurse may contact the physician, DO, PA or NP. If the physician, DO, PA or NP is unable to provide appropriate clarification, services or the extension of services may be denied.
- B. The Hospital Medical Referral form (Attachment B) is completed by the hospital attending physician/psychiatrist and the parent/guardian. Non-LAUSD students hospitalized at an acute hospital facility within LAUSD residential area are temporarily enrolled in LAUSD through Carlson and provided services. 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 shall remain valid for the duration of the student's continuous hospitalization. For clarification regarding initial or continued eligibility for Carlson services, the Carlson school nurse may contact the physician, DO, PA or NP. If the physician, DO, PA or NP is unable to provide appropriate clarification, services or the extension of services may be denied.
- C. The Psychiatric Referral form (Attachment C) is completed by the psychiatrist or primary physician, the school principal/designee, and the parent/guardian. The referral shall not exceed 90 days in length. If services are needed beyond 90 days, another referral form must be completed. The psychiatrist or primary physician's signature is required in order for the Carlson nurse to authorize services; the principal's signature documents the accommodations that have been attempted at the student's school of attendance. 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 Support and Progress Team (SSPT) meeting, initiating a referral for special education assessment, or review of the current IEP or Section 504 Plan. For clarification regarding initial or continued eligibility for Carlson services, the Carlson school nurse may contact

the physician. If the physician is unable to provide appropriate clarification, services or the extension of services may be denied.

- D. The completed referral form together with current immunization records should be faxed to (818) 505-0246, or mailed to:
- Carlson Home Hospital School
10952 Whipple Street
North Hollywood, CA 91602

ASSIGNMENT, ALLOCATION AND PROVISION OF SERVICES

A. Assignment and Allocation of Services

Upon intake to Carlson Home Hospital School, the school will determine as per the policies set forth in this bulletin the most appropriate method of delivery and location for services within the boundaries of LAUSD.

1. Assignment of Services: Instruction in the home/hospital will commence as soon as the completed referral is reviewed and approved by the Carlson Home Hospital School principal/designee, but no later than ten (10) days as per California *Education Code Section 48207*.

B. Allocation of Services

1. 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.
2. Students receiving face-to-face (1:1) instruction K-12 are provided the equivalent of 60 minutes of instruction in two basic core requirement subject areas (generally one English Language Arts course and one required math course for 30 minutes each) aligned to the core or alternate curriculum.
3. 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.
4. Students identified as Standard English Learners (SEL) are provided access to standards-based instruction and MELD instruction. SELs shall be provided the equivalent of an additional

30 minutes of instruction per school day to fulfill additional language instruction requirements.

5. Each hour of individualized instruction counts as one day of attendance. No student shall be credited with more than five (5) days of attendance per calendar week.

C. Provision of Services

1. Instructional services will be provided by a teacher from the Carlson Home Hospital School.
2. Home and Hospital instructional service hours are between 8:00 a.m. and 3:00 p.m., Monday through Friday following the traditional school calendar approved by the LAUSD Board of Education.
3. For students assigned a part-time Carlson Supplemental teacher, as per *Education Code 51801*, instruction may occur between 3:00 p.m. and 7:00 p.m., Monday through Friday following the traditional school calendar, and/or may occur on Saturdays between the hours of 8:00 a.m. and 1:00 p.m.
4. At all times during face-to-face instruction, a responsible adult identified in writing by the educational rights holder prior to the date of instruction must be present, even if the student is 18 or over.
5. To the extent possible, teachers will make every effort to accommodate those with special time needs. Ultimately, specific instructional hours are determined by the assigned teacher's schedule and availability. Carlson provides a qualified teacher, not a specific schedule.
6. Students with a Section 504 Plan will be provided reasonable accommodations in accordance with their 504 Plan, as appropriate to the home or hospital setting. The Section 504 Plan team may discuss and consider any requests for individualized virtual instruction. If Section 504 Plan accommodations are not appropriate or cannot be implemented in the home or hospital setting, Section 504 Plan updates may need to be considered.
7. Students with an IEP are provided instruction in accordance with the goals and objectives in the student's IEP in the home or hospital setting. The IEP Plan team may discuss and consider any requests for individualized virtual instruction.

CARLSON AND SENDING SCHOOL RESPONSIBILITIES

A. Carlson Home Hospital will:

1. Determine whether the student qualifies for home hospital services.

2. Assign a teacher to student. Carlson office staff will contact the parent or appropriate hospital personnel to schedule enrollment and instruction. All enrollment paperwork 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. Determine if qualifying students are to be awarded partial credit for coursework based upon work completed. (See [BUL-6718.0, Educational Rights and Guidelines for Youth in Foster Care, Experiencing Homelessness and/or Involved in the Juvenile Justice System](#), dated August 8, 2016)
5. Provide transfer grades to the prior school of attendance for students who do not qualify for partial credits.
6. For students who have an IEP, Carlson will notify the cumulative record carrying school of their responsibility to conduct an IEP team meeting to indicate this temporary change of placement prior to enrollment
7. Notify cumulative record carrying school when there is a request for assessment for special education or Section 504 Plan and provide appropriate response to the requesting party/individual
8. Be responsible for the administration of all State and Districtwide assessments, as appropriate in the home or hospital setting
9. Input grades and credits into MiSiS upon course completion.
10. For students on a medical referral, notify the cumulative record carrying school when a student's current medical condition may warrant consideration for an SSPT, to determine whether additional supports and/or services, such as a Section 504 Plan and/or special education assessment may be appropriate
11. Participate in the SSPT, Section 504 Evaluation and/or IEP team meeting
12. Provide input for IEP team meetings regarding present goals and objectives and provide input on the academic present levels of performance; and suggest goals and objectives and provide input for the Individual Transition Plan (ITP), if appropriate
13. In collaboration with the in-person school, conduct IEP team meetings for students who have maintained enrollment exceeding one (1) school year.

B. The cumulative record carrying school will:

1. Maintain the student's permanent records including (but not limited to) cumulative records, health records and special education information. Carlson is a temporary placement and does not

- maintain cumulative records. The cumulative record carrying school will maintain all official records. The cumulative record carrying school will file, where appropriate, all records forwarded by Carlson.
2. For students with IEPs, conduct an IEP team meeting to address the temporary change of placement to Carlson.
 - a. 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.
 - b. FAPE 1 must indicate Carlson Home or Carlson Hospital, according to the referral type, as a District non-resident school.
 - c. 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. The agreed placement and school must be indicated in the "FUTURE FAPE" section of the IEP.
 - d. Related services may be determined by an IEP team for the student to benefit from special education. These services will be provided by the school of residence, the alternative educational setting, or designated Division of Special Education staff, while the student is placed at Carlson. If a service is medically contraindicated, it must be documented on FAPE 2, section IV.
 - e. Extended School Year (ESY) eligibility should be considered for all students with an IEP, including students in the resource program, while they are enrolled at Carlson due to lost instructional time. Refer to [REF-5276.1, Guidelines for the Individualized Education Program \(IEP\) Team When Students with Disabilities Are Being Considered for Extended School Year \(ESY\) Programs and Services](#), dated November 1, 2010, Section II.C (Special Circumstances).
 - f. In collaboration with Carlson, conduct an IEP team or Section 504 Plan 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.
 - g. In collaboration with Carlson, conduct assessments related to the IEP.
 - h. Use program 12817 funds to provide a general education teacher as needed to participate in the IEP team meeting.
 - i. Identify the Carlson teacher as a participant in the Welligent web-based IEP system.

- j. For students who would otherwise matriculate during their enrollment at Carlson, send the cumulative record to the student's new school of residence or offer of FAPE.
 - k. 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.
3. Provide a copy of the student's current immunization records, oral health assessment/waiver request form, leaving marks or transfer grades, and all other required records.
 4. Provide appropriate student textbooks and/or culturally and linguistically responsive instructional materials for the duration of the home or hospital instruction and collaborate with the assigned Carlson teacher to provide educational continuity.
 5. When needed, accept and post credits and grades to official transcripts and cumulative records.
 6. Hold a place to readmit the student into the same instructional program as offered prior to the student's temporary absence including, as may be appropriate, a place for the school to which the student would otherwise matriculate.
 7. In collaboration with Carlson, convene all SSPT, IEP team, 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.
 8. For home hospital students who are new to LAUSD, the school of residence will establish a cumulative and health card prior to sending the student to Carlson.
 9. Be responsible for all Individual Graduation Plans (IGP) and recording dates and comments in [My Integrated Student Information System \(MiSiS\)](#).
 10. Contact Carlson's counselor for all 11th and 12th grade diploma-bound students. Graduating students will graduate and receive a diploma from the cumulative record carrying school.

TERMINATION OF SERVICE AND RETURN TO THE CUMULATIVE RECORD CARRYING 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), Carlson will:
 1. Enter an "L2" code in MiSiS to have the student return to the cumulative record carrying school.

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

B. The cumulative record carrying school will:

1. Readmit the student into the same instructional program as offered prior to enrollment in Carlson Home Hospital School or, as appropriate, the school program to which the student would otherwise matriculate. This includes Magnet schools, affiliated Charter Schools, etc.
2. 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 if there is not a current offer of FAPE future changes indicated in the active IEP.
3. Review any changes in medical condition and eligibility for Health Services. Reinstate protocols, District-Approved Qualified Provider (DAQP) and minutes as necessary.
4. Accept all Carlson leaving grades and post any final grades on official student records, as applicable.

AUTHORITY: This is a policy of the Los Angeles Unified School District in alignment with the guidelines outlined by the California Department of Education.

RELATED RESOURCES: [BUL-6779.5 Guidelines for Independent Study Programs](#)
[REF-125902.1 Guidance Regarding Students with Disabilities and Independent Study Programs](#)

ATTACHMENTS: Attachment A – Home Medical Referral
Attachment B – Hospital Medical Referral
Attachment C – Psychiatric Referral

ASSISTANCE: For assistance or further information, please contact the Office of Virtual Academy and Educational Option Schools at (213) 241-2231.



A COPY OF IMMUNIZATION RECORDS ARE REQUIRED WITH THIS REFERRAL

HOME MEDICAL REFERRAL

Carlson Home Hospital School
10952 Whipple St., No. Hollywood, CA 91602
Phone: (818) 509-8759 FAX: (818) 505-0246

<u>Student Information</u>	
Last Name _____	First Name _____ <input type="checkbox"/> M <input type="checkbox"/> F
DOB ___/___/___ Gr. ___	Student Language _____ Parent/Guardian Language _____
Address _____	City _____ Zip _____
Home Phone () _____ - _____	Cell Phone () _____ - _____ Work Phone () _____ - _____
Parent/Guardian _____	Parent Email Address _____
Student Email Address _____	School of Attendance _____
Last date of attendance at current School ___/___/___	
Does student have a current IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No Eligibility _____ 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	

IMPLEMENTATION OF SERVICE

Face-to-Face Home Instruction will provide students in grades TK–5/6 on the General Ed Curriculum or in grades TK–12 on the Alternate Curriculum five (5) hours of instruction per week. Instruction is offered in two (2) basic subject areas. English Learners and Standard English Learners will be provided additional instruction in ELD/MELD. A responsible adult (18 years of age or older) identified in writing by educational rights carrier 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 disenrolled from his/her regular school of attendance (cumulative record carrying school) during the period he/she is receiving Carlson services. Grades and marks will be reported to the cumulative record carrying school.
- Permission to provide services or access school records may be revoked via written parent/guardian request at any time.
- Carlson provides home instruction between the hours of 8:00 a.m. and 7:00 p.m.
- California Licensed Health Care Provider must complete page 2 to authorize service

PARENT/LEGAL GUARDIAN AUTHORIZATION TO RECEIVE/RELEASE MEDICAL AND ACADEMIC INFORMATION AND TEMPORARILY TRANSFER EDUCATIONAL DUTIES:	
Parent Signature _____	Date ___/___/___



A COPY OF IMMUNIZATION RECORDS ARE REQUIRED WITH THIS REFERRAL

HOME MEDICAL REFERRAL

Student Name _____ D.O.B ____/____/____

PHYSICIAN, DOCTOR OF OSTEOPATH, 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 MD, DO, PA, or NP 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 Health Care Provider’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 or No

If yes, student does NOT qualify for home instruction. List accommodations to be used at the student’s current school campus:

If no, 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 the student:

Is student’s condition contagious? Yes or No

This section to be completed by a licensed physician, osteopath, physician’s assistant, or nurse practitioner:		
Estimated date student may return to school (<i>Specific</i> date required)		
Signature	MD, DO, PA, NP (circle one)	Date
Print Name	Phone	
Print Title	Fax	
Print name of supervising physician		
Address	City	Zip



A COPY OF IMMUNIZATION RECORDS SHOULD ACCOMPANY THIS REFERRAL

HOSPITAL MEDICAL REFERRAL

Carlson Home Hospital School
10952 Whipple St., No. Hollywood, CA 91602

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 _____ Parent Email Address _____
 Student Email Address _____ School of Attendance _____
 Last date of attendance at current School __/__/__
 Does student have a current IEP? Yes No Eligibility _____ 504 Plan? Yes No

CARLSON HOSPITAL TEACHER: _____ **SITE NAME:** _____

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. 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.
- Carlson provides hospital instruction between the hours of 8:00 a.m. and 3:00 p.m.

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

Parent Signature _____ Date __/__/__



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

Diagnosis for ICD/DSM Code: _____

Summary of Medical Problem/Therapeutic Plan: _____

Precautions/Restrictions applicable for bedside/classroom teaching:

Is student in ICU? Yes or No **In Isolation?** Yes or 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 _____

Is student's condition contagious? Yes or No



A COPY OF IMMUNIZATION RECORDS ARE REQUIRED WITH THIS REFERRAL

PSYCHIATRIC REFERRAL FOR HOME INSTRUCTION

Carlson Home Hospital School

10952 Whipple St., No. Hollywood, CA 91602
Phone: (818) 509-8759 FAX: (818) 505-0246

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 _____ Parent Email Address _____
 Student Email Address _____ School of Attendance _____
 Last date of attendance at current School ___/___/___
 Does student have a current IEP? Yes No Eligibility _____ 504 Plan? Yes No

This section to be completed by the school of attendance **Principal/Designee**. The following accommodation(s) have been tried: (check all that apply):

- Enrolled in a shortened school day.
- Enrolled in an Independent Study Program provided by the student's cumulative record carrying school, allowing the student to complete course work independently, at home.
- Developed and implemented a Section 504 Plan to accommodate student needs through program modifications (ie: 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 appts., 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: _____

Principal's Signature (or designee) _____ **Date** ___/___/___
Print Name and Title _____

IMPLEMENTATION OF SERVICE

Face-to-Face Home Instruction will provide students in grades TK–5/6 on the General Ed Curriculum or in grades TK–12 on the Alternate Curriculum five (5) hours of instruction per week. Instruction is offered in two (2) basic subject areas. English Learners and Standard English Learners will be provided additional instruction in ELD/MELD. A responsible adult (18 years of age or older) identified in writing by educational rights carrier 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 for a maximum of 90 calendar days.
- The student will be temporarily disenrolled from his/her regular school of attendance (cumulative record carrying school) during the period he/she is receiving Carlson services. 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.
- Carlson provides home instruction between the hours of 8:00 AM and 7:00 PM. No specific schedule nor teacher can be guaranteed.

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 3 to authorize service.

A COPY OF IMMUNIZATION RECORDS ARE REQUIRED WITH THIS REFERRAL

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, student does NOT qualify for home instruction. List accommodations to be used at the student's current school campus:

If no, 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?

This section to be completed by a California licensed psychiatrist:
Estimated date student may return to school (*Specific* date required, not to exceed 90 days)

Signature	MD	Date
Print Name	Phone	
Print Title	Fax	
Address	City	Zip

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