

Ceres Unified School District  
**Home & Hospital Instruction Extension Form**

PUPIL DATA (To be completed by school personnel)

School Site \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ ID: \_\_\_\_\_

Special Ed? Yes No Special Ed Case Manager/Teacher \_\_\_\_\_

**PARENT AUTHORIZATION** (to be signed by parent or legal guardian before forwarding to physician)

I hereby authorize Dr. \_\_\_\_\_ to release medical and other confidential information to Ceres Unified School District.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**PUPIL CURRENT STATUS** (to be completed by school personnel and reviewed by Physician prior to extension submission)

Student has been on Home & Hospital from: \_\_\_\_\_ through \_\_\_\_\_

**THE FOLLOWING INFORMATION WAS OBTAINED AND TRANSFERRED FROM THE ORIGINAL H&H APPLICATION**

What is the diagnosis for this pupil? \_\_\_\_\_

What treatment is being prescribed? \_\_\_\_\_

Please specify the procedures/surgery anticipated: \_\_\_\_\_

**PHYSICIAN REPORT** (to be completed by physician)

*Information to Physician: Instruction in the home is one of the most restrictive educational placements available and must be viewed as the placement of the last resort to be utilized for the shortest time necessary. Your careful completion of the following information will assist*

Can pupils **CURRENT** needs be served by making adjustments or adaptations, at the school site, to accommodate the special needs of this pupil?

Yes (please proceed to adaptation section)  No (please explain why and necessary accomplishment for student to return to school):

**Adaptations:** If Home & Hospital is **NOT** indicated, please check ANY ADAPTATIONS THAT ARE APPROPRIATE FOR THIS PUPIL:

Rest/Snacks  Medication  Modified Furniture  Modified Education  Shorten School Day

Reduced Walking (i.e., modify class scheduled)  Other (please specify) \_\_\_\_\_

CERTIFICATION: is it **medically advisable** for this pupil return to school with the adaptations checked above?  Yes  No

CERTIFICATION: is it **medically advisable** for this pupil to continue Home & Hospital Study?  Yes  No

Length of extension from School? \_\_\_\_\_ Weeks (min. 3 weeks) \_\_\_\_\_ Months (up to 3 months) Reevaluation Date \_\_\_\_\_

Physician's Name (print please) \_\_\_\_\_ Specialty: \_\_\_\_\_

Can the pupil return to school without an additional doctors note?  No  Yes If so, when? \_\_\_\_\_

Physician's Address \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ceres Unified School District  
**Home & Hospital Instruction Approval Form**

**PUPIL DATA**

School Site \_\_\_\_\_

Student Name _____	Student ID# _____
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**SCHOOL NURSE CONSULTATION** (to be completed by School Nurse)

Physician Consult Complete	Yes	Date of Consultation _____	No Consult Needed
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Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of School Nurse _____	Signature of School Nurse _____	Date _____
Please Type/Print Name		

**SITE APPROVAL** (to be completed by school Principal)

School Site Principal Signature _____	Date _____
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**SPED APPROVAL** (to be completed by SPED Program Specialist)

Application Received: _____	Date	IEP Held: _____	Date	IEP Attached	Yes	No
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Has this case been approved?	Yes	No	Result of the IEP (example : approved with SPED Teacher or Not Approved)

Program Specialist Signature _____	Date _____
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**STUDENT SERVICES COORDINATOR APPROVAL** (to be completed by Coordinator)

Has this case been approved?	Yes	No	If not approved, please specify below
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Coordinator Signature _____	Date _____
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**DISTRICT PROCESSING** (to be completed by H&H Admin. Assistant)

Application Received: _____	Date
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Home Site Teacher (HST): _____	Is the HST taking the case?	Yes	No
Teacher Assigned: _____	Name: _____	Phone# _____	
Start Date: _____	End Date: _____		

Was this case extended?	No	Yes	If so, when? _____	Extension form must be attached to original H&H form
			Date	