

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

**In home Services**   
**Online Services**

**PUPIL DATA** (to be completed by school personnel)

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

School Year \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Parent or Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Grade \_\_\_\_\_ Special Ed?  Yes  No Special Ed Case Manger/Teacher \_\_\_\_\_  
Language(s) Spoken in Home English Other (please specify) \_\_\_\_\_ Last Day of School Attendance \_\_\_\_\_

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

I herby authorize Dr \_\_\_\_\_ to release medical and other confidential information to  
Ceres Unified School District \_\_\_\_\_  
Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**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 the school to determine whether we can make adaptations for the pupil. Thank you for your assistance.**

What is your professional relationship to this pupil?  Family Physician  Clinic Physician  Consultant/Specialist

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

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

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

Can pupils needs be served by making adjustments or adaptions at the school site, to accommodate the special needs of this pupil?  Yes  No (please explain why): \_\_\_\_\_

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 to attend school with adaptations checked above?  Yes  No

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

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

Comments: \_\_\_\_\_  
\_\_\_\_\_

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

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

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? _____	Date	Extension form must be attached to original H&H form
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