

COLUSA UNIFIED SCHOOL DISTRICT  
APPLICATION FOR HOME HOSPITAL  
(30 SCHOOL DAYS MAXIMUM)

**IF THE HOME HOSPITAL CONTRACT EXCEEDS THIRTY (30) SCHOOL DAYS A RENEWAL APPLICATION WITH A NEW DOCTOR'S STATEMENT NEEDS TO BE SUBMITTED BY THE PARENT/GUARDIAN.**

STUDENT/PARENT/GUARDIAN INFORMATION

DATE \_\_\_\_\_

Student's Name \_\_\_\_\_ School \_\_\_\_\_

Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ 's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ W \_\_\_\_\_ ork Phone Number \_\_\_\_\_

Residence Address \_\_\_\_\_ Ho \_\_\_\_\_ me Phone Number \_\_\_\_\_

**PARENT/GUARDIAN STATEMENT OF PHYSICAL DISABILITY THAT PREVENTS YOUR STUDENT FROM ATTENDING REGULAR CLASSES:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

**IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO OBTAIN THE MEDICAL DOCTOR'S STATEMENT OF THE STUDENT'S ILLNESS/TEMPORARY DISABILITY ON EITHER A PRESCRIPTION FORM OR THE DOCTOR'S STATIONARY. NO PHOTO COPIES ACCEPTED, ORIGINALS ONLY.**

The information provided by the medical doctor must include the following information:

1. Reason for absence
2. Earliest date student is able to receive instruction
3. Date student can return to regular classroom
4. If student is in the hospital, will the hospital allow bedside instruction?
5. Name of hospital

**PRINCIPAL'S REQUEST**

1. Last date student is to be shown in Aeries in regular program \_\_\_\_\_.
2. First day for student to be shown on Aeries "H" program \_\_\_\_\_.
3. Home Hospital Teacher will notify respective School Office when student returns to regular classroom
4. *Is this student receiving any type of Special Education services?* \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Teacher from your staff who will be taking this assignment \_\_\_\_\_

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

*\*Principal: Please note within five (5) working days of Parent/Guardian application you will need to determine whether student is able to receive Home Hospital instruction. After your determination the District has five (5) working days to assign an instructor if you have not already assigned one*

# COLUSA UNIFIED SCHOOL DISTRICT

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

RE: Home Hospital

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

First Day of Home Hospital: \_\_\_\_\_ Final Day of Home Hospital: \_\_\_\_\_

Thanks for taking the Home Hospital assignment. Attached are time sheets and mileage sheets. We pay the professional hourly rate (see certificated salary) for home teaching. Please remember that home teaching is to be done five hours per week. If there is a holiday during the week, only 4 hours would be done. These hours do not necessarily have to be 1 each day. It depends on the age of the student and the degree of illness. If the student is older and can tolerate two hours of home teaching at one sitting, then it would be okay if home teaching was done three times a week. (Two hours for two days, with 1 additional hour done on the third day.) There is no home teaching on holidays, during winter and spring breaks, or after the school year ends.

Your time sheet will become the attendance record for the student. Please turn it in the last day of every calendar month.

We pay the current IRS mileage rate. **Please enter your home teaching time and mileage on the enclosed forms, on a daily basis, and return them to the school Principal by the end of the month for an approval signature. The forms will be forwarded to the District Business Office for payment.** (Mileage for Home Hospital is paid ONLY FOR ACTUAL TRIPS from the point where you would normally turn off to go to your home, to the student's home, and back to your turn-off point.) Delay in payment will result from improperly completed forms.

I am also enclosing the packet of information on home teaching that will be sent to the parents or guardians. Again, thank you for taking this assignment. Please check with the person responsible for attendance at the student's site at the beginning and end of home teaching to assure attendance records will be accurate. Also check with the person responsible for recording of grades to make sure they are properly recorded on the student's records.

cc: Site Principal  
Attendance Clerk  
District Office

## **COLUSA UNIFIED SCHOOL DISTRICT**

745 Tenth St.  
Colusa, CA 95932  
(530) 458-7791 FAX (530) 458-4030

### **TO THE PARENT AND TEACHER OF THE HOME-BOUND STUDENT:**

This letter is addressed to both the parent and teacher of the home-bound student, in order that you might have a mutual understanding of the responsibilities that each of you has in this home hospital teaching situation. We want you to work together for the benefit of the student and realize that you share the same goals and objectives. We would like to emphasize the following points.

1. A teacher has been assigned to instruct this student for five (5) hours of home hospital teaching each week. Home hospital teaching is to be done five (5) hours per week. If there is a holiday during the week, only four (4) hours would be done. These hours do not necessarily have to be one (1) each night. It depends on the age of the student and the degree of illness or temporary disability. If the student is older and can tolerate two (2) hours of home hospital teaching at one sitting, then it would be acceptable to meet three (3) times a week. (Two (2) hours each night, with one (1) additional hour done on the third night.) There is no home hospital teaching on holidays, during winter and spring breaks, or after the school year ends. Home hospital teachers should not be asked to leave before the instruction is up, except in extreme circumstances.
2. The parent and teacher should cooperate on the best time of the day that home hospital teaching is to be done. Once the time is set, the parent has the obligation to make every effort to have the student rested and ready for the home visit. For instance, if instruction is to begin at 4:00 p.m., please try to prevent the student from becoming overtired during the day. The teacher must stay at your home for the agreed length of time, and nothing is gained if this time is spent while the student is napping. Home hospital teachers are employees of the Colusa Unified School District. Therefore, they are not available to begin instruction with a student until after their daily teaching assignment is over.
3. We suggest that the parent make arrangements for other members of the family, particularly small children, to be away from the room where the home hospital teaching is to be done. One (1) hour is not a great deal of time when there are several subjects to be covered. Noise and other distractions can greatly disturb the home hospital teaching program. A parent or other adult should be present in the home during the home hospital instruction time.
4. The home hospital teacher is to check with the student's teacher(s) on a weekly basis, and make a determination as to what the student should be studying, and what is to be accomplished in the home. This is done in order to keep the student as prepared as possible to re-enter the classroom at the same level as those classmates attending school.

We recognize that the circumstances requiring home hospital teaching may be stressful for the parent and the student, and encourage you to contact us if you have any suggestions that might help the situation. We want to provide the best possible educational support while your child is not able to attend school. Please feel free to call the Principal of your student's school if you have any questions.

**COLUSA UNIFIED SCHOOL DISTRICT**  
**HOME HOSPITAL – ELEMENTARY**  
**REPORT OF PUPIL WHO HAS RECEIVED HOME HOSPITAL TEACHING**

Please *print* all information below.

NAME OF PUPIL	
ADDRESS	

NAME OF HOME HOSPITAL TEACHER	
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	SUBJECT IN WHICH PUPIL RECEIVED HOME HOSPITAL TEACHING	GRADE
READING		
MATH		
LANGUAGE		
SPELLING		
WRITING		
SOCIAL STUDIES		
HEALTH ED.		
OTHER:		
OTHER:		

TEACHER'S ESTIMATE OF STUDENT'S DEVELOPMENT

RECOMMENDED PLACEMENT OF STUDENT	
DATE BEGINNING HOME HOSPITAL TEACHING	
DATE OF DISCHARGE FROM HOME HOSPITAL TEACHING	
TEACHER'S SIGNATURE	
HOME ADDRESS	
PHONE NUMBER	

**COLUSA UNIFIED SCHOOL DISTRICT**  
**HOME HOSPITAL SECONDARY**  
**REPORT OF PUPIL WHO HAS RECEIVED HOME HOSPITAL TEACHING**

Please *print* all information below.

NAME OF PUPIL	
ADDRESS	

NAME OF HOME HOSPITAL TEACHER	
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	SUBJECT IN WHICH PUPIL RECEIVED HOME HOSPITAL TEACHING	SUGGESTED LETTER GRADE
PERIOD	SUBJECT	
1		
2		
3		
4		
5		
6		
7		

<b>TEACHER'S ESTIMATE OF STUDENT'S DEVELOPMENT</b>

RECOMMENDED PLACEMENT OF STUDENT	
DATE BEGINNING HOME HOSPITAL TEACHING	
DATE OF DISCHARGE FROM HOME HOSPITAL TEACHING	
TEACHER'S SIGNATURE	
HOME ADDRESS	
PHONE NUMBER	