

MEDICAL REFERRAL FOR HOME INSTRUCTION/TELETEACHING

SCHOOL: Please complete *Student Information* area below and send to the student's parent/legal guardian for completion by the student's physician. Include a return envelope addressed to: School Nurse, Carlson Home Instructional Program and Hospital School, 10952 Whipple St., No. Hollywood, CA 91602. Phone: (818) 509-8759 FAX: (818) 505-0246.

Student Information

Name _____ M F DOB ____/____/____ Gr. ____ Language _____
Address _____ City _____ Zip _____
Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____
Parent/Guardian _____ Parent/Guardian Language _____ Cum
Carrying School _____ Phone (____) _____ Track ____ Local District ____
Last date of attendance _____ Does the student have a Section 504 Plan? Yes No
Does student have a current IEP? Yes No Eligibility _____ Review Date ____/____/____

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

Parent Signature _____ Date _____

(See reverse side for explanation)

PHYSICIAN: A request for Home Instruction has been made for the above-named student. The California Education Code §44873 requires that a licensed California physician file a statement which includes a medical diagnosis to the extent that the student is unable to attend classes on any school campus. If educational services are authorized at this time, please complete, sign below and return this form via U.S. Mail in the enclosed envelope or FAX to: (818) 505-0246.

Questions: Call the School Nurse, Carlson Home Instructional Program and Hospital School at (818) 509-8759
Attending Physician's Statement

Diagnosis: _____

Summary of Medical Problem/Therapeutic Plan: _____

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

Precautions/Restrictions: _____

Is student now hospitalized? Yes No If Yes, where? _____ Anticipated Discharge Date _____

Is student contagious? Yes No

Is student physically capable of attending classes on any school campus now? Yes No

If Yes, please note restrictions, if any (ie: use of stairs, bathroom needs, Physical Education assignment, length of day, etc.): _____

Does student need a specially adapted school campus to meet his/her physical needs? Yes No If Yes, explain: _____

➔ Estimate date student may return to a school campus: _____ Part time Full time

Physician's Signature _____ M.D. Date _____

Physician's Name (Print) _____ M.D. Phone: (____) _____

FAX: (____) _____

Address _____ City _____ Zip _____

SEE INFORMATION ON BACK

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.

TELETEACHING - Teleteaching is a program that utilizes a multi-lined phone system to provide educational activities in the morning hours only. Teleteaching approximates the classroom experience by permitting interaction with other students as well as with the teacher. Core classes (English, Mathematics, Science, Social Studies) are offered. Elective courses may be offered. Four (4) classes may be taken per semester.

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 Instructional Program and Hospital School or the Teleteaching program at Widney HS or Miller HS.
- The student will be 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.