

PSYCHIATRIC REFERRAL FOR HOME INSTRUCTION/TELETEACHING

SCHOOL: Please complete *Student Information* area below and send to the student's psychiatrist along with 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 ____/____/____

The following modifications have been tried at the school and have proven to be unsuccessful:

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

Parent Signature _____ Date _____

PSYCHIATRIST: 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. 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 Psychiatrist's Statement

DSM IV Diagnosis: _____

Is there a treatment plan? Yes No

Summary of Therapeutic Plan: _____

What medication(s) is/are the student currently prescribed? : _____

Why is the student unable to attend school? _____

PSYCHIATRIC REFERRAL FOR HOME INSTRUCTION

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

The following modified programs or other educational options have been tried (please check all options that apply):

- Enrolled in a shortened school day.
- Enrolled in a Independent Study Program allowing the student to complete course work independently, at home, and review work once a week with a teacher for a grade.
- 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 appointments, 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.
- Referred to Teleteaching (requires the ability to participate in telephone conferences with peers and instructors).
- Other: _____

Please note: Ed Code§48200 states that each person who is between the ages of six and eighteen years and not otherwise exempted is subject to compulsory full-time education. Home instruction is the most restrictive educational placement for a student.

Comments: _____

Estimated date student may return to school: _____ Part time Full time
Referral not to exceed sixty (60) days. Beyond any sixty (60) day time period, a new completed referral is required for services to continue.

Physician's Signature _____ M.D. Date _____

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

FAX: () _____

Address _____ City _____ Zip _____

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.