

Antioch Unified School District

Home & Hospital Instruction

510 G Street, Antioch, CA 94509 Phone Number (925) 779-7500 ext. 53600

Dr. Kofi Rogers, Director of Safety, Culture, and Climate

Dear Parent/Guardian:

In order to obtain Home & Hospital Instruction for your student, the following forms (attached) must be completed and returned to the school site:

- ▶ **HOME & HOSPITAL INSTRUCTION PARENT/GUARDIAN AGREEMENT** (Form HH 1);
- ▶ **REQUEST FOR HOME & HOSPITAL INSTRUCTION** (Form HH 2 and HH 2a);
- ▶ **AUTHORIZATION FOR RELEASE/EXCHANGE OF INFORMATION** (Form HH 3);
- ▶ **MEDICAL PROFESSIONAL'S STATEMENT REQUESTING HOME & HOSPITAL INSTRUCTION** (Form HH 4); **AND,**
- ▶ **IF YOUR STUDENT HAS AN IEP, A CHANGE OF PLACEMENT MEETING MUST BE HELD AND HOME & HOSPITAL INSTRUCTION APPROVED FOR THE NEW INSTRUCTIONAL SETTING -A COPY OF THE NEW IEP AND MEETING NOTES MUST ACCOMPANY YOUR APPLICATION.**
- ▶ **MEDICAL PROFESSIONAL'S RELEASE FROM HOME & HOSPITAL INSTRUCTION** (Form HH 5)

Please be advised that the Home & Hospital Instruction Program provides ongoing academic instruction for students who are unable to attend the regular school day due to **TEMPORARY** illness, surgery, or chronic medical conditions. However, *the program may not be able to support certain elective courses, such as world language, lab sciences, physical education, auto shop, or other subjects that require hands-on instruction.*

A credentialed teacher will be assigned as your student's Home & Hospital Instruction Tutor. The tutor will contact you to schedule the first visit once the Hospital Instruction Office receives all completed forms from your student's school site. Please ensure your availability to speak with the tutor **and be present** during instructional sessions. A quiet and distraction-free workspace is also requested to support effective instruction.

Please understand that the Home & Hospital Instruction Tutor serves as a liaison between school staff and your student, gathering assignments and assisting with coursework. Your student is eligible to **receive one hour of instruction per day of regular attendance, up to five (5) hours per week.** In addition to the tutor's instruction, students are expected to complete independent work as they are able.

It is important to note that Hospital Instruction is not equivalent to daily classroom instruction. Instructional time is limited, and the assigned tutor may not be specialized in all subject areas. As a result, your student may fall behind in coursework and academic progress compared to their classroom peers.

Finally, before your student can return to school, the enclosed Medical Professional's Release from Home & Hospital Instruction (Form HH 5) must be completed and signed by your student's medical provider and **returned to the school site.**

Your application, once approved, is only valid for the current school year, for the length requested by the medical professional, for a minimum of three (3) weeks and a maximum of nine (9) weeks.

Please contact me if I may be of further assistance during this difficult time.

Sincerely,

Dr. Kofi Rogers, Director of Safety, Culture, and Climate

925-779-7500, ext. 42758

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HOME & HOSPITAL INSTRUCTION PARENT/GUARDIAN AGREEMENT

(Form HH 1- REQUIRED)

Dear Parent/Guardian:

For Home & Hospital Instruction to begin and continue as planned, the parent/guardian of the referred student must **review and agree to the following requirements:**

1. The student must be ready for instruction at the specified time, with materials, books, and their physical needs met.
2. The parent/guardian **must be present and visible in** the home during the instructional period.
3. A quiet place must be provided, with a suitable working space, where the Home & Hospital Instruction Tutor and student may work without interruption.
4. It is important that your student completes the daily assignments that are required. If you have questions or concerns about your student's instruction or homework assignment, please discuss them with the Home Hospital Instruction Tutor.
5. Notify the Home & Hospital Instruction Tutor **at least 24 hours in advance** if your student is unable to receive Home & Hospital Instruction on the scheduled day.
6. Home & Hospital Instruction is for a **minimum of three (3) weeks** and a **maximum of nine (9) weeks**.
7. If the student has an IEP, a change of placement meeting must be held and the team **will** decide whether Home & Hospital Instruction is the best instructional setting for the student. A copy of the IEP and meeting notes must accompany the application.
 - a. When the student returns from Home & Hospital Instruction, an IEP must take place.
8. Students will receive a **maximum of** five (5) hours of instruction per week (unless otherwise specified by the IEP team), Monday through Friday, by a certificated Home & Hospital Instruction Tutor.
 - a. Services are **NOT** provided when the regular school program is not in session (for example, holidays).
9. ***Home & Hospital Instruction is NOT the same as everyday classroom instruction because the Home & Hospital Instruction Tutor time is limited, and the teacher may not have the academic background to teach all subjects. Therefore, students may be behind the class with assignments and knowledge when they return to class.***
10. Parents/Guardians, Students, and the Home & Hospital Instruction Tutor may agree to meet via online formats, as well.

I have read the above statements and understand that these requirements must be met for Home & Hospital Instruction to begin and continue. Failure to adhere to the above requirements may result in the termination of Home & Hospital Instruction.

Parent/Guardian Signature: _____ Date: _____

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REQUEST FOR HOME & HOSPITAL INSTRUCTION (Form HH 2- REQUIRED)

Date of Request: _____ Date of Birth: _____ Student ID: _____

Student's Full Name: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Name (printed): _____

Parent/Guardian Email Address: _____ Phone Number: _____

Parent/Guardian Name (printed): _____

Parent/Guardian Email Address: _____ Phone Number: _____

School of Attendance: _____

Grade Level: _____

Does your student receive special services? ☐ Section 504 ☐ Special Education (IEP)

(504 PLAN OR IEP MUST BE ATTACHED TO APPLICATION)

Reasons for request/information to be shared with school personnel: _____

Brief history of disability: _____

Last date of school attendance: _____

Signature of Parent/Guardian: _____ Date: _____

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Dr. Kofi Rogers, Director of Safety, Culture, and Climate

REQUEST FOR HOME & HOSPITAL INSTRUCTION (Form HH 2a - School and District Use ONLY - REQUIRED)

SCHOOL SITE USE ONLY

To be completed with signatures by School Site Personnel AFTER reviewing request for completion, then sent to the Home & Hospital Office. Verify items listed below School Site Personnel signature lines have been completed and/or established and/or scheduled.

Student Name: _____ **Stu ID #** _____

STEP 1:

Counselor: _____ **Date:** _____
 Required Action: ☐ Re-Entry meeting scheduled upon completion of HHI. ☐ Date of Re-Entry Meeting: _____

STEP 2:

Special Ed Case Manager (if on an IEP): _____ **Date:** _____
☐ Change of Placement IEP held for updated services PRIOR to sending HH paperwork and at-a-glance provided.
☐ Date of IEP Change of Placement Meeting: _____

STEP 3 (If applicable):

Section 504 Coordinator (if on 504): _____ **Date:** _____
☐ Current 504 plan provided. ☐ Date of 504 Meeting: _____ **Date:** _____

Required Action: ☐ Supporting medical documentation provided.

STEP 5:

Principal or VP: _____ **Date:** _____ **Required Action:**
☐ Verified all forms (HH1, HH2, HH2a, HH3, and HH4) are properly completed, plans and/or meetings scheduled, and signatures gathered by above listed school personnel.

HOME & HOSPITAL INSTRUCTION OFFICE USE ONLY

Home & Hospital Instruction Tutor Assigned: _____ Telephone: _____

Date HHI to Commence: _____ Date HH to Conclude: _____

Program Administrator: _____ Date: _____

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AUTHORIZATION FOR RELEASE/EXCHANGE OF INFORMATION (Form HH 3 - OPTIONAL)

To: _____ (Medical Professional's Name)
 _____ (Office/Specialty)
 _____ (Address)
 _____ (City, State, Zip Code)
 Office Phone: _____ Office Fax: _____

I hereby request and authorize you to release any relevant medical, social, psychological, and/or test information you may have, or may receive, pertaining to:

 (Student's Name) _____ School: _____

 (Date of Birth)

The disclosure of this information is required for the following purpose(s):

Home and Hospital Instruction Program approval/validation/updates.

I understand that this consent is valid for one (1) year from the date of signing and that I may revoke this consent, at any time, by notification, in writing, to the Director of Services, and Program Administrator.

Please direct information to:	Attention of Dr. Kofi Rogers Dir. of Safety, Culture, and Climate Antioch Unified School District 510 G Street, Antioch CA 94509 (925)779-7500; Fax(925)779-7514	Attention of Brenda King HH Program Coordinator Antioch Unified School District 510 G Street, Antioch CA 94509 (925)779-7500; Fax (925)779-7514 brendaking@antiochschools.net
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I understand that I may request a copy of this authorization for personal records.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Antioch Unified School District Home & Hospital Instruction

MEDICAL PROFESSIONAL'S STATEMENT REQUESTING HOME & HOSPITAL INSTRUCTION, 2026- 2027 (Form HH 4 - REQUIRED)

To: Medical Professional

We are allowed, by law, to provide educational services to homebound or hospitalized students **only** on authorization of a **licensed medical professional**. **Please note that the State of California only allows 5 HOURS of service each week-thus this program should only be used as a temporary and LAST resort**. This service will be continued as long as the pupil is under continued medical care and is considered to be unable to return to school. ***The District depends upon you to notify us when the pupil's condition has improved sufficiently for them to return to school.*** **NOTE:** Regardless of end date, all Home Hospital Instruction Services conclude **on the final day of each school year**.

For your convenience, we have prepared the form below, which will provide us the information we need. This form must be resubmitted each school year **ONLY** if illness requires Home & Hospital Instruction. ***Please note a MINIMUM OF THREE (3) WEEKS absence is required for participation with a MAXIMUM OF NINE (9) WEEKS unless reauthorized with a new and updated Medical Professional's Statement Requesting Home and Hospital Instruction.***

Thank you.

Date: _____

Name of Student: _____ Date of Birth: _____

The above-named student is unable to attend regular school classes but is ready and able to have Home & Hospital Instruction. My medical findings and recommendations are as follows:

Diagnosis: _____

Specific Date (mm/dd/yy) I estimate this student will be homebound (min. 3- to max. 9-week term): _____

In order to protect the Home & Hospital Instruction Tutor, who is instructing ***in the patient's home***, please mark one of the below statements, and sign below:

- ☐ Patient is **NOT** a hazard/danger to the Home Hospital Instruction Tutor; **or**,
- ☐ Patient **IS** a hazard/danger to the Home Hospital Instruction Tutor.

Limitations, restrictions, or precautions the Home Hospital Instruction Tutor should take in tutoring this student: _____

Medical Professional's Printed Name: _____ Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax Number: _____ CA License Number: _____

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MEDICAL PROFESSIONAL'S RELEASE FROM HOME & HOSPITAL INSTRUCTION (Form HH 5 - REQUIRED UPON COMPLETION OF HHI)

*This form **must be completed and signed by the medical professional** and presented to the **Home & Hospital Program Administrator** before the student will be readmitted to class.*

Please readmit (student's name) _____ to their regular school program setting
effective (date allowed to return) _____

My recommendations for this student are:

- ☐ Regular School Program
- ☐ Restricted activities (please specify): _____
- ☐ Other: _____

The above recommendations will be followed until further communication from the medical professional is received.

Comments: _____

Medical Professional's Signature: _____ Date: _____

Medical Professional's Printed Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax Number: _____ CA License Number: _____

SCHOOL SITE USE ONLY

Office Staff Signature: _____ Date Received: _____

Send a copy of **COMPLETED** forms to Home & Hospital Instruction Office to 510 G St, Antioch, CA 94509, Attn: Brenda King.

Antioch Unified School District
Home Hospital Instruction Program FAQ Sheet

Background

The Home & Hospital Instruction Program provides on-going academic instruction to students who are unable to attend the regular school day for a period of **three (3) weeks to nine (9) weeks** due to TEMPORARY illness, surgery, or chronic medical disorders.

Home & Hospital Instruction serves all students enrolled within the Antioch Unified School District.

The process takes at least five school days to initiate, depending upon the amount of time it takes to complete the necessary paperwork.

Home & Hospital Instruction is, by definition, a temporary program and is **not** provided for extended periods of time or in lieu of school attendance. The program **does not** operate over the summer. Illnesses which last from one school year into the next will require a new application at the beginning of the new school year (ex. fall semester).

The program may **not** be able to support students who are taking certain electives, such as world language, lab sciences, physical education, auto shop, or any other subjects requiring hands-on instruction.

Home & Hospital instruction is NOT the same as everyday classroom instruction because the Home & Hospital Instruction Tutor time is limited and the teacher may not have the academic background to teach all subjects. Therefore, students may be behind the class with assignments and knowledge when they return to class.

Licensed Healthcare (Medical) Professional

[Civil Code §56.05/h](#) and [Code of Federal Regulations \(CFR\) Title 29 Chapter V §825.125](#) define a licensed healthcare (medical) professional. Under federal regulations, a "health care provider" is defined as a:

- Doctor of Medicine or Osteopathy;
- Podiatrist;
- Dentist;
- Chiropractor;
- Clinical Psychologist;
- Optometrist;
- Nurse Practitioner;
- Nurse-Midwife; or,
- Clinical Social Worker.

who is authorized to practice by the State and performing within the scope of their practice by State law, or Christian Science practitioner.

Instruction

Home & Hospital Instruction is initiated at the student's school site.

A credentialed teacher is assigned as the Home & Hospital Instruction Tutor to the student and work is provided and graded by the regular classroom teachers.

The Home & Hospital Instruction Tutor arranges an appointment at the home or virtually with the parent and/or guardian present. Classwork is reviewed and discussed. The Home Hospital Instruction Tutor is there to assist the student with understanding the assignments provided by the teachers.

The State of California limits the hours of Home & Hospital Instruction to one-hour of instruction per day each day the regular school program is in session for a maximum of five-hours of Home & Hospital Instruction per week [\[California Education Code §48206.3\(1\)\(c\)\(1\) and \(2\)\]](#).

No Home & Hospital Instruction Tutoring is allowed on days that school is not in session; the five hours per week is reduced by the number of non-student days.

If the student has an IEP, a change of placement meeting must be held and the team will decide whether Home and Hospital Instruction is the best instructional setting for the student. A copy of the IEP and meeting notes must accompany the application.

A new application is required each school year if services are extended into the following school year. Please remember, this is for students with temporary illnesses/injuries.

PLEASE NOTE THIS STATE MANDATE: If a student with a temporary disability who is in a hospital or other residential health facility, which is located outside of the school district in which the student's parent or guardian resides shall be deemed to have complied with the residency requirements for school attendance in the school district in which the hospital is located [\[California Education Code §48207\]](#).