

Jurupa Unified School District Pupil Personnel Services



Home and Hospital Instruction Handbook

JURUPA UNIFIED SCHOOL DISTRICT
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Introduction

Temporary home instruction may be provided by Jurupa Unified School District (JUSD) for any student who must be hospitalized or remain at home for a minimum of 4 consecutive weeks due to a temporary but extended illness or disability that has been certified by a physician qualified to diagnose the condition (i.e. psychological or psychiatric conditions must be diagnosed by a psychiatrist). A temporary disability does not include a disability for which a student is identified as having exceptional needs (i.e. an identified Special Education student). The condition should be of a nature to prohibit the student from participating in activities taking place on a school campus. (See Education Code Section 48206.) Students needing Home and Hospital Instruction are considered so disabled they are not able to leave the home to attend school for **any period of time**. ***Students able to attend after-school activities, secure a work permit, attend school for one-hour per week, or participate in any classroom or school-related activities shall be referred to the Independent Studies Program or another alternative program.***

The goal of Home and Hospital Instruction is to maintain the pupil's former level of performance while recovering. Parents/guardians are responsible for notifying the school as soon as possible after determination from their physician that the student has a need for Home Hospital instruction. Some courses taught in the regular school setting may not be appropriate or available in Home and Hospital Instruction. Therefore, if a student is placed in Home and Hospital, he/she may be offered different courses. To ensure equity among teachers, **the district office ultimately approves and assigns all teachers** based on availability and workload. If the parent/guardian declines the teacher assigned, without cause, the district may discontinue home hospital services.

Home and Hospital: Teacher Guidelines

Serving as a Home and Hospital teacher is a voluntary assignment and is considered an extra duty assignment under the Bargaining Agreement. Teachers interested in serving as a Home Hospital teacher must apply to the Personnel Department each new school year they wish to be considered for an assignment.

Pupil Personnel Services selects a Home and Hospital teacher through a list of approved teachers from Personnel Services. At that time, the teacher will be required to complete the **Teacher Consent Form for Assignment(s) Outside of Current Credential Authorization** and return the completed form to Personnel Services.

The maximum number of students that may be assigned to one teacher is two. Home and Hospital teachers wishing to take on one additional student will be required to submit a completed **"Request for Third/Additional Student"** form. This form will be reviewed and approved or denied by the Home and Hospital teacher's principal or designee and Pupil Personnel Services.

Teachers will receive one hour of extra-duty pay for each hour of instruction. If there are multiple students at one address, separate hours of instruction will be required to earn separate pay for each student.

During the period of Home and Hospital Instruction, the Home and Hospital instructor will be considered the teacher of record and will be responsible for grading the student and submitting those grades to the student's school and to Pupil Personnel Services. Students shall be taught and held accountable to the same curriculum standards as they would receive if they were in the classroom. Likewise, the same standards of confidentiality as followed in the classroom are to be maintained for Home and Hospital students. Family members are not to attend Home Hospital sessions with Home Hospital teachers.

It is the responsibility of the Home and Hospital teacher to:

- Complete the Teacher Consent Form for Assignments(s) Outside Credential Authorization with all required signatures and submit to Personnel Services. This form must be completed before approval as a Home and Hospital teacher can be granted.
- Submit the Teacher's Acceptance of Assignment form to Pupil Personnel Services within **one (1) week/ five (5) school days of accepting a new student.**
- Obtain student schedules and/or IEP goals and strategies from appropriate school staff.
- Collaborate with the student's regular classroom teacher at the elementary level, the academic counselor at the middle school level and the guidance coordinator and administrator at the high school level in order to develop a Course Study Plan for the student before instruction begins and to prepare for the transition back to school. All subjects the student is currently enrolled in shall be continued by the Home Hospital teacher unless course requirements are not possible to continue in the home setting. Any courses deemed not possible to continue in the home setting must be substituted, unless otherwise instructed by Pupil Personnel Services.
- Ensure any changes to the Course Study Plan are approved in advance by academic counselor or guidance coordinator, school site administrator, and then submitted to Pupil Personnel Services.
- Keep the parent informed regarding the Course Study Plan that is developed for the student.
- At the secondary level, all students will work Odysseyware based-curriculum in order to ensure parity and rigor across the board. Exceptions will be made on a case by case basis only.
- **Elementary Home Hospital teachers are responsible for creating all assignments according to the student's Home Hospital Course Study Plan.** Set goals and objectives and obtain instructional materials (i.e. teacher textbooks, pacing guides, and course objectives), in order to facilitate maintenance of a **consistent instructional program.** The student's classroom teachers are not responsible for providing the Home Hospital teachers with assignments or for grading the student's assignments that are completed while student is in the Home Hospital Program.
- If necessary, all student textbooks are to be checked out in the student's name **by the parent/guardian** and returned accordingly.
- Provide the student with the maximum hours of direction instruction per regular school week.

- 1-hour Home and Hospital Instruction = 1 day of school instruction.
- Home Hospital instruction **must not** take place on **Sundays, holidays, non-student days (i.e. school recess periods), or during the teacher's contracted work hours (including prep periods and lunch hours)**. Home Hospital instruction must also not take place **earlier than 6:30 a.m. or later than 9:00 p.m.** Saturdays are acceptable, if the Home Hospital teacher and parent/guardian are both available for instruction on that date and the maximum weekly hours of instruction cannot be scheduled within Monday through Friday of that week.
- Home Hospital teachers will only be compensated for direct instruction provided to the student. Preparation or planning time (i.e. lesson plans and gathering assignments) and time spent evaluating student performance (grading work) is not compensated.
- Obtain parent/guardian/adult signature on the Attendance Verification Sheet (timesheet) after **each** home teaching session.
- Provide the student's parents any progress updates, retention notices, or testing information that would ordinarily be provided by the regular classroom teacher (i.e. the student is not making progress; the parent shall be notified).
- If the student is in grades 7 – 12 and not making progress in the courses, email the site administrator in charge of curriculum and instruction and cc Pupil Personnel Services immediately.
- Administer district benchmarks, assessments, state exams, complete progress reports for IEP goals following the district progress reporting schedule and prepare I.E.P and hold meetings as needed, according to the student's I.E.P. or Section 504 Plan. Notify Pupil Personnel Services in advance if the Home Hospital student is eligible to take a particular assessment during the period of the Home Hospital assignment.
- Provide any academic or other information to SST or 504 teams meeting to discuss the student's progress while student is receiving Home and Hospital Instruction services.
- Note the termination date on the Home and Hospital request form and remind the parent when the student is expected to return to the regular instructional program. **No Home and Hospital requests are automatically extended.**
- Home Hospital teachers will not be compensated for instructional time if that instruction has been provided after the approved cut-off date, unless there is an extension on file in the Office of Pupil Personnel Services.
- Home Hospital teachers will not be compensated for instructional time that has been provided beyond the maximum hours of instruction per week student is entitled to receive according to the Teacher's Acceptance of Assignment form that is signed prior to the assignment commencing.
- Communicate with Pupil Personnel Services if issues or concerns arise (i.e. the parent not making the student available the assigned instructional hours per week; the student is not prepared for the lessons when you arrive; the work left with student is not being completed; or the student is non-responsive when you are there; etc.).

- Notify Pupil Personnel Services immediately if, after two attempts, the student's parent/guardian cannot be reached.
- **Notify Pupil Personnel Services immediately if parent/guardian requests you meet with the student for instruction at any location other than the address listed on the Q Student Profile that is included in the Home Hospital paperwork packet from Pupil Personnel Services.**
- Contact Pupil Personnel Services at (951) 360-4137 immediately if services are provided and the parent(s) or adult supervising in the home has refused to sign the timesheet verifying the attendance. **Do NOT return to the home until the issue has been addressed with Pupil Personnel Services. Failure to follow these steps when the parent or responsible adult is refusing to sign the attendance verification timesheet may result in the time not being reimbursed.**
- **Immediately** fill out and submit a **Home and Hospital Instruction Teacher Notice of Concern** to Pupil Personnel Services if unable to fulfill the assignment or if there is a scheduling concern with the student.
- Give ten (10) days of notice and submit the **Teacher Resignation of Assignment** to Pupil Personnel Services in order to discontinue instruction of a Home and Hospital student.
- Keep Attendance Verification Sheets.
- Complete Attendance Verification Sheets with teacher name, student name, grade level, and school site, sign and submit to Pupil Personnel Services with time card and mileage by deadlines provided. Paperwork deadlines are strictly enforced. Incomplete submissions will be returned to the originator and will delay processing. Persistent failure to meet submission deadlines may result in Home Hospital teacher reassignment.
- All Home and Hospital instruction must be conducted in person. **Teaching cannot be done in advance or after it is noted on an attendance verification sheet. Instruction claimed on a day and hour must have taken place on that day, at that hour.**
- Keep a separate timecard, attendance verification sheet, and mileage claim sheet for each Home and Hospital student. Timecards and mileage claims may have different budget codes and cannot be routed correctly if more than one student's information is on the same form.
- Submit **original** mileage reimbursement claims to Pupil Personnel Services for payment with all required signatures, attendance sheet, and time card monthly. Attach verification of distances traveled (such as Map Quest print out) with only the first mileage sheet submitted. **Mileage is paid one-way from the school site to the student's home only (including instruction that takes place on Saturdays).**
- Ensure the student's name is on the mileage form and indicate if the student receives special education services.
- Obtain advanced written approval from Pupil Personnel Services for any special accommodation(s).

- Submit Grade Report and work samples to Pupil Personnel Services within three (3) days of the completion of each grading period (6-week, trimester, quarter, or semester) or three (3) days of the termination of Home and Hospital instruction. All Grade Report forms must be completely filled in, including Course ID numbers, letter grades, and credits rewarded, if applicable. Pupil Personnel Services does not have access to Course ID numbers. This information may be obtained from the classroom teacher or the guidance coordinator. “Pass” or “Fail” grades are no longer accepted for high school students, out of consideration for college admission requirements.
- Understand that if the teacher fails to provide the maximum number of hours of instruction each week, submit time cards, attendance sheets, and mileage in a timely manner, falsify documents in any way, or deviates from the expectations and standards of the Home and Hospital program, the teacher may no longer be able to serve as a Home and Hospital teacher and may also be subject to disciplinary action.
- If you have any questions or concerns regarding Home and Hospital, you should contact Pupil Personnel Services at (951) 360-4137.

Home and Hospital Procedures

Qualifications

To qualify for Home and Hospital Instruction, parents or school site staff must provide the following documentation to Pupil Personnel Services:

Physician’s Request for Home and Hospital Instruction

This form is to be completed by a licensed physician or individual licensed to prescribe medication and qualified to diagnose the condition.

Parent Request for Home and Hospital Instruction

This document is to be completed by the student’s parent/guardian and submitted to Pupil Personnel Services. If the student is 18 years old, the student may complete this form.

Timeline

Home and Hospital Instruction will **NOT** be assigned less than 20 school days prior to the end of the **student’s academic year**. **Fully completed request forms must be received in Pupil Personnel Services at least 30 days prior to the end of the school year to allow for the processing of the request.**

Once the Physician’s Request for Home and Hospital form is verified and signed by the doctor and submitted to Pupil Personnel Services:

- Pupil Personnel Services will review the form and assign a Home and Hospital teacher.
- A Special Education student may be placed on Home and Hospital Instruction upon recommendation from a doctor/specialist and IEP team decision. Upon receipt of a doctor’s note, an IEP team will meet to consider placement and determine if Home and Hospital Instruction is the most appropriate least restrictive environment.

- The school site will identify current courses of study, obtain check out grades, collaborate with Home and Hospital teacher, provide texts, and collaborate for intervention if needed.
- Once a course plan is approved, the Home and Hospital teacher is responsible for planning all lessons, gathering and/or creating assignments, and evaluating work completed. The home school is responsible for all teacher texts and curriculum related supplies.
 - No changes to the academic program can be made without approval from guidance counselor and Pupil Personnel Services.
 - For elementary grades, the Home and Hospital teacher will collaborate with the current school site teacher, by initiating immediate contact, to determine where the student is in the curriculum and where the student needs to be at the projected date of return. Any projects or work required for course completion should be communicated to the Home and Hospital teacher.
 - For secondary grades, the Home and Hospital teacher will collaborate with the student's academic counselor or guidance coordinator, by initiating immediate contact, to develop a Course Study Plan (schedule of courses). This plan must ensure continuity of the academic program. There are many courses taught on a secondary school campus that are not compatible with home instruction, such as foreign language, lab sciences, advanced courses, physical education, and exploratory classes. Special approval is needed from Pupil Personnel Services for a student to continue in these types of courses. This approval will be based on academic necessity, the availability of a qualified teacher, and other possible criteria.
- School sites will allow parents to check out books for classes in the name of the student.
- Upon completion of the Home and Hospital term, Pupil Personnel Services will notify the home school and the student will be re-enrolled on the "T" track and given their schedule of courses to be resumed.

Special Education

All Special Education Home and Hospital Instructors will be responsible for preparing the IEP for Annual/Triennial meetings. You may use an hour of instruction time to work on the IEP. Triennial academic testing can be completed by the home school site or Home and Hospital Instructor. Please contact your Program Specialist with any questions and to schedule meetings.

A meeting must be held for the amendment of the IEP to appropriately adjust goals and objectives to meet the needs of a student who is receiving Special Education services and who is requiring Home and Hospital services. **A Home and Hospital teacher will not be assigned to a Special Education student without an amended Individualized Education Plan (IEP) and a doctor's note.** The team must have a representative from the district office present at the (IEP) meeting.

* **PLEASE NOTE:** The Home School will hold a meeting to amend the IEP for students returning to the comprehensive setting.

Extended School Year

Home and Hospital students in a special education program, under special circumstances, are offered Extended School Year (ESY) on their IEP which is NOT considered summer school. ESY instruction shall take place according to the current district calendar, excluding holidays and non-instructional days, unless otherwise specified. **No credit will be offered for ESY as the work is considered supplemental and tutorial.**

Summer Instruction

Home and Hospital Instruction may be offered to current Home Hospital students who are eligible for credit recovery in courses assigned to them during the current school year. The school site and/or parent/guardian may request for a Home Hospital student to be provided Home Hospital Instruction services during the summer. Upon request, Pupil Personnel Services will contact the home school to confirm if student is eligible to receive summer Home Hospital instruction. A student receiving Home Hospital Instruction services during the summer may earn a maximum of 5 credits.

Course of Study

Every effort will be made to maintain continuity in the course of study in which the student was enrolled, or planned to enroll, at the time of the temporary disability. All secondary general education students will work on Odysseyware. Teachers will provide direct instruction and/or assistance as needed. It is expected that the student will continue to work 4-5 hours per day on their assignments when the teacher is away.

Secondary students receiving Home and Hospital instruction are limited to thirty (30) credits per semester. If the student is credit deficient, proposals allowing the student to earn up to an additional 15 credits in one semester must be submitted to the Guidance Coordinator for approval by principal or designee and Pupil Personnel Services.

The Course Study Plan cannot exceed 45 credits and must have prior written approval by the **guidance coordinator, principal (or principal designee) and Pupil Personnel Services.**

The course of study for Special Education students will be consistent with the instructional objectives of the IEP. Once a semester begins for students in grades 9-12, and if the student has not been attending school prior to the commencement of Home Hospital instruction, the student may not be able to earn full credits for the courses due to the legal requirements for instructional minutes toward credits. If this situation arises, the Home and Hospital teacher should contact the case carrier and Pupil Personnel Services immediately so that the most effective and realistic course plan can be developed.

Instructional Time

Home instruction must not begin until all necessary paperwork has been received and the assigned Home Hospital teacher is notified by Pupil Personnel Services that instruction may begin. In Home and Hospital Instruction, **one hour of home teaching**

equals one day of instruction. Each student is required to receive one (1) hour direct Home Instruction for each school day, not to exceed five (5) hours in any week. ***That is, if the school has a four-day week, only four hours of instruction may be provided at home.*** If there are five (5) days in a week, it is expected that the teacher will provide five (5) hours of instruction. Parents should be encouraged to review the guidelines to maximize the effectiveness of the Home and Hospital teacher's instructional time. If a Home and Hospital teacher is assigned to more than one student at a particular address, instruction to each student must be provided separately to receive appropriate reimbursement. Instruction may be provided back-to-back without the teacher needing to leave. If both students are enrolled in the same course, instruction may be provided to the students simultaneously; however, the teacher will only be reimbursed for one student during the time co-instruction was provided.

The minimum length of a home or hospital visit is one hour, except in cases in which the child's health necessitates a shorter time. The maximum time allotted per day is three hours, all of which must be direct instruction. Home and Hospital Instruction may take place on any day *that is acceptable to the teacher and family, **except for Sundays, non-student days, or holidays.*** An adult over 21 years of age **MUST** be present in the home during the time of instruction and this person must be able to sign the teacher's timesheet in the home. If the adult or parent refuses to sign the timesheet at the conclusion of instruction for that day, it is the teacher's responsibility to notify Pupil Personnel Services immediately. Additional instructional hours must not be provided to the student until the issues are resolved.

The student must be ready to learn and the home must be conducive to learning. If these conditions cannot be met, a mutually-agreed upon location may be mediated by Pupil Personnel Services. Direct "**face-to-face**" instruction is required; any other alternate form of instruction must be approved in writing by **Pupil Personnel Services**. Home Hospital teachers may not submit time spent planning, designing, or evaluating lessons under any circumstances. Within these guidelines, home teaching sessions may be scheduled cooperatively between parents and the Home and Hospital teacher at times that are most favorable to quality instruction. Home Hospital teaching cannot take place during the time the assigned Home Hospital teacher is contracted to be at the school site (*including prep periods and lunch breaks*).

Attendance Verification Sheets

The Home and Hospital teacher will maintain all attendance records for each student and must submit those records to Pupil Personnel Services at the designated times. A parent or other responsible adult over 21 years of age is required to initial or sign the verification form daily as proof that the Home and Hospital teacher **has already been** to the home and not that the teacher has promised to go in the future.

One (1) hour of direct instruction at home equals one day of regular instruction. If the student receives less than the maximum hours of instruction in a week, the student will have absences for that week. **It is imperative that students receive one hour of instruction for each school day.** Therefore, in a 5-day week, the student shall receive five (5) hours. If a student only receives four (4) hours of instruction in a 5-day week, that student will have one absence. **It is important for the Home Hospital teacher to document the reason for the lack of instruction on the attendance verification sheet next to the date instruction was to be provided (i.e. student ill or teacher ill).**

Teachers repeatedly providing less than the maximum number of hours per week may not be allowed to continue as a home and hospital teacher. If the student's health does not allow for the teacher to provide five (5) hours a week and/or at least one (1) hour per session, the district will need a note from the medical provider explaining why and the number of hours the student is able to tolerate.

Payroll

Original attendance sheets must be submitted at the end of the monthly reporting period (see page 32 for dates attendance sheets are due and payroll deadlines). The Home and Hospital teacher should make certain the attendance verification sheet has all required signatures. The teacher should retain a copy for personal records and **send the original to Pupil Personnel Services** for processing **by the deadline noted.** The correct sheet for each attendance month must be used. It is important to indicate on each attendance sheet whether the child receives Special Education services. This is vital for budget and record-keeping.

Home and Hospital Instruction will be paid at the regular extra-duty amount. In order for a timecard to be processed and sent to payroll in a timely manner, it must be complete (with the student's name and required signatures) and submitted to Pupil Personnel Services. Time cards must be submitted with attendance sheets. Time cards and attendance sheets must have all required signatures (see Appendix for sample time card).

Mileage Expense Reimbursement Claims

The procedure for mileage reimbursement is as follows:

- Mileage will be paid for travel one way from the teacher's work site to the student's home. A specific address must be included for each location.
- The first mileage reimbursement request must be accompanied by a copy of a "Map Quest" or other map explaining the mileage to the destination.
- Mileage is to be submitted monthly with timecard and attendance.
- Separate mileage claim sheet must be submitted for each student.

Termination of Home and Hospital

Each student will have a specific date of termination of Home and Hospital based on the Physician Request form submitted to Pupil Personnel Services. *It is the responsibility of the Home and Hospital teacher to be aware of the termination date and to remind parent/guardian when the date of termination is approaching.* **The Home and Hospital teacher will not receive payment or compensation for any instruction provided after the termination date.** Pupil Personnel Services will monitor these dates and consult with parent and physician to determine if Home and Hospital Instruction shall be extended or terminated. **All Home and Hospital requests and assignments will terminate at the end of the student's instructional year.** If the need for Home and Hospital Instruction exists for the next school year, it shall be the responsibility of the parent to reapply for services.

Upon the student's termination from Home and Hospital, the Home and Hospital teacher will provide work-in-progress letter grades ("Pass" or "Fail" grades are not accepted) for each subject in which the student received instruction. These grades shall be submitted to Pupil Personnel Services on the appropriate Grade Report form **within three (3) days of termination of Home and Hospital**. If termination coincides with the end of a grading period, the Home and Hospital teacher will submit final letter grades for that grading period using the same procedure as above. These grades will become part of the student's permanent record. If the student returns to school at the end of the Home and Hospital assignment, a return to school order from the physician is not required. However, if the student returns to school prior to the end of the Home and Hospital assignment, an order from the physician is required.

Resignation of Assignment

If a teacher is unwilling or becomes unable to complete the teaching assignment, he or she must complete the "**Resignation of Assignment**" form and return to Pupil Personnel Services with at least ten (10) days advance notice so another Home and Hospital teacher can be assigned, avoiding a break in the student's academic progress. Failure to complete this process may jeopardize a teacher's future ability to serve as a Home and Hospital teacher.

Grading Procedures

If the student returns to school prior to the end of a grading period, the Home and Hospital teacher must provide exit grades for use by the receiving teacher(s). Exit grades must be submitted to Pupil Personnel Services on the appropriate Grade Report form within three (3) days of the termination of Home Hospital services. "Pass" and "Fail" grades will not be accepted.

If the student completes an entire grading period in Home and Hospital Instruction, the Home and Hospital teacher is the teacher of record and the registrar must hand-enter the letter grades into the course history. The appropriate **Grade Report** form must be submitted to Pupil Personnel Services **by the deadlines indicated on page 24**. **Registrars will be expecting grades to be submitted at each grading period.** Home Hospital teacher must also provide parent/guardian with a copy of student's grade report prior to submitting to Pupil Personnel Services.

The responsibilities of the school site and health office are as follows:

- Communicate with family of the student to facilitate enrollment in the Home and Hospital program.
- Forward all parent requests and doctor's recommendations for Home and Hospital to Pupil Personnel Services immediately. If a parent calls to inquire about the process, sites may direct them to turn in all requests to Pupil Personnel Services.
- Check out textbooks to the parent, in the name of the student.
- If a student's Home and Hospital Instruction is to be extended, and parent/guardian submits a doctor's extension directly to the school site. The school site must submit extension to Pupil Personnel Services as soon as possible upon receipt.

- Laboratory science classes, Advanced Placement classes, foreign language classes, physical education, and some exploratory classes may not be appropriate for Home and Hospital Instruction and require special approval to be continued. If a student is enrolled in any type of course as stated above, school site shall collaborate with Home and Hospital teacher in approving a course that can be substituted while student is in program.
- If a student is not making academic progress, the administrator and/or counselor, Guidance Coordinator will assist the Home and Hospital teacher in developing a plan to improve student success. The lead teacher will be a valuable resource in this area.

Home and Hospital Instruction: Parent Guidelines

Dear Parent:

Home and Hospital Instruction is available to all qualified students enrolled in the Jurupa Unified School District (JUSD). JUSD reserves the right to discontinue enrollment in the **Home and Hospital Program** if a student is not benefiting from the program; if the terms and conditions of the contract are not followed; or if the conditions in which the instruction is provided are not conducive to learning. To be eligible for Home and Hospital Instruction, a student must be physically unable to attend school at all for a period of at least four (4) consecutive weeks due to a temporary, but extended, illness or disability. For the purposes of completing the Physician's Request, the doctor or other medical professional requesting Home and Hospital instruction must be able to prescribe medication and also must be qualified to diagnose and treat the qualifying condition (i.e. psychiatric or psychological disorder shall be diagnosed by a psychiatrist).

JUSD reserves the right to request evaluation by a district-approved physician. To ensure that the student gains maximum benefit from participation in the program, parents will be required to accept the following responsibilities:

- The parent must make the child available at all scheduled times. The parent or another adult over 21 years of age must be in the home for the entire instructional time.
- The school or District may require a setting outside the home for instruction if the student is ambulatory or if it is documented the home is not conducive to instruction.
- Students able to attend after-school activities, secure a work permit, attend school for one-hour per week, or participate in any classroom or school-related activities shall be referred to the Independent Studies Program.
- The student will not be allowed to participate in any extracurricular activities or be on campus while on Home and Hospital.
- Provide a quiet place and a suitable work space where the teacher may work with your student. The student should be rested and ready for instruction. **PLEASE NOTE: YOUR STUDENT IS EXPECTED TO WORK A MINIMUM OF 4-5 HOURS PER DAY, IN ADDITION TO ANY INSTRUCTIONAL TIME.**
- Parent/Guardian must go to student's school to check out all required textbooks/chrome book for Home and Hospital instruction. Parent/Guardian must return all textbooks and or chrome book to school at the end of the Home and Hospital term. Parent(s)/Guardian(s) are responsible for any costs relating to lost textbooks/chrome book while student is in Home and Hospital Program.
- Supplies left for the student by the teacher should be on the table ready to use when the teacher arrives to begin instruction.
- Inform the Home Hospital teacher of any academic or health-related problems your student may be experiencing that may affect the home instruction. Meet regularly with the Home Teacher to discuss your student's progress. Ensure student returns to school or obtain an extension **PRIOR** to termination date.
- The parent may not request a specific teacher. Refusal to accept the teacher(s) offered by Pupil Personnel Services may result in discontinuance of Home and Hospital Instruction.
- **If your student is unable to take instruction at the scheduled time, advance notice must be given to the teacher.** Make-up hours may be arranged during the same week as the absence. Failure to advise the teacher in advance that the student will not be available for instruction is grounds for discontinuance of home/hospital instruction. **PLEASE BE AWARE THAT COMPULSORY ATTENDANCE LAWS WILL CONTINUE TO BE ENFORCED** while the student is in the Home Hospital program.
- Sign the Home Hospital Attendance Verification Sheet at the conclusion of each home teaching session. Do not sign if instruction does not or has not taken place or if time is recorded incorrectly. Failure to sign after each session may result in the discontinuation of home/hospital services for your student.
- Speak with the Home teacher about any concerns. If you need further assistance, please call Pupil Personnel Services at (951) 360-4137.

Student: _____ **School:** _____

Parent Signature: _____

Home and Hospital Teacher: _____ **School/Phone:** _____

Instrucción en el Hogar y/u Hospital: Guía Para Los Padres

Estimados Padres/Tutor(es):

Instrucción Académica en el Hogar y/u Hospital (**Home and Hospital**) está disponible a todos los alumnos inscritos en el Distrito Escolar Unificado de Jurupa (JUSD). Si un alumno no se está beneficiando del programa, si los términos y condiciones del contrato no son obedecidos, o si el ambiente en la que se brinda la instrucción no es conducente al aprendizaje, Distrito Escolar Unificado de Jurupa tiene el derecho de discontinuar los servicios del programa de Instrucción Académica en el Hogar y/u Hospital. Para ser elegible para la Instrucción Académica en el Hogar y/u Hospital, el alumno debe estar físicamente incapacitado para asistir a la escuela por un período de cuatro (4) semanas consecutivas o más debido a una discapacidad temporal pero prolongada o alguna otra discapacidad. A fin de poder completar la Solicitud Médica, el médico u otro profesional de la medicina que solicita el programa de Instrucción Académica en el hogar y/u Hospital debe estar debidamente capacitado para recetar medicación y también debe ser calificado para diagnosticar y tratar la condición médica en cuestión (por ejemplo, un trastorno psiquiátrico debe ser diagnosticado por un psiquiatra).

El Distrito Escolar Unificado de Jurupa tiene el derecho de solicitar la evaluación por un médico aprobado por el distrito. Para asegurar que el estudiante obtenga la ventaja máxima de participar en el programa, se requerirá que los padres acepten las siguientes responsabilidades:

- Los padres deben asegurarse de que el alumno estará disponible durante todos los horarios programados. El padre u otro adulto mayor de 21 años de edad debe estar presente durante todo el período instructivo.
- La escuela o el distrito podrán requerir un ambiente fuera del hogar para la instrucción si el estudiante es ambulatorio o si se documenta que el ambiente en el hogar no es conducente a la instrucción.
- Los estudiantes capaces de asistir a las actividades escolares después de clases, asegurar un permiso de trabajo, asistir a la escuela una hora por semana, o participar en cualquier actividad relacionada con la escuela o las clases serán referidos al Programa de Estudios Independientes. El estudiante no será permitido a participar en cualquiera de las actividades extracurriculares o estar en el plantel escolar mientras que estén en el programa de Instrucción Académica en el Hogar y/u Hospital.
- Proporcionar un lugar tranquilo y un espacio de trabajo conveniente donde el maestro podrá trabajar con su alumno. El estudiante debe estar preparado para recibir instrucción. **En el programa se espera que su alumno trabaje al menos 4-5 horas cada día aparte del tiempo que pasa con su maestro.**
- Los padres/tutores deben ir a la escuela del alumno para sacar todos los libros de texto y/o Chromebook (computadora portátil) necesarios para el programa de Instrucción Académica en el Hogar y/u Hospital. Padre(s)/tutor(es) debe devolver todos los libros de texto y/o Chromebook a la escuela al final del programa. Los padres/tutores son los responsables de los costos relacionados a los libros de texto y/o Chromebook perdidos mientras el estudiante está en el Programa de Instrucción Académica en el Hogar y/u Hospital.
- Los materiales que el maestro proporciona para el estudiante deben estar sobre la mesa y listos para usar cuando el maestro llega para comenzar la instrucción.
- Notifique al maestro sobre cualquier problema relacionado con la salud o académicas que su alumno puede tener y que afecte la instrucción. Reúname con frecuencia con el maestro para hablar sobre el progreso de su alumno. Asegúrese que el alumno regrese a la escuela u obtenga una extensión **ANTES** de la fecha programada de terminación.
- Los padres no pueden solicitar un maestro específico. Rechazar al maestro asignado por Servicios de Personal al Alumno podrá resultar en la suspensión de la Instrucción Académica en el Hogar y/u Hospital.
- **Si su alumno no se puede presentar para la instrucción a la hora prevista, debe notificar al maestro de antemano.** Cabe la posibilidad de reponer las horas perdidas durante la misma semana de ausencia. Falta de comunicarse con el maestro de antemano para avisarle de que el estudiante no estará disponible para la instrucción es motivo para suspender la Instrucción académica en el hogar u hospital. **LAS LEYES SOBRE LA ASISTENCIA OBLIGATORIA SIGUEN VIGENTES** mientras que su alumno está inscrito en el programa.
- A la conclusión de cada sesión, firme el Informe de Instrucción Académica en el Hogar y/u Hospital. Favor de no firmar si no se brindó la instrucción o si el horario programado fue registrado incorrectamente. Faltar a firmar después de cada sesión podrá resultar en la suspensión de los servicios de Instrucción Académica en el Hogar y/u Hospital.
- Si usted tiene alguna inquietud, comuníquese con su maestro asignado. Si usted necesita ayuda adicional, favor de llamar a Servicios de Personal al Alumno al (951) 360-4137.

Alumno:

Escuela:

Firma de los Padres/Tutor(es)

Maestro de Hogar/Hospital:

Escuela/Teléfono:

Contact Information

Monty Owens
Director, Office of Pupil Personnel Services
Phone: 951-360-4137
Fax: 951-360-4143
Monty_Owens@jUSD.k12.ca.us

Shirley S. Morales Barcelon
Phone: 951- 360-4137
Fax: 951- 360-4143
Shirley-Morales_Barcelon@jUSD.k12.ca.us

JURUPA UNIFIED SCHOOL DISTRICT— PUPIL PERSONNEL SERVICES
Parent Request for Home and Hospital Instruction
2019-2020 Academic Year

To be completed by parent/guardian--**please print legibly**

Return to Student's School of Attendance or Pupil Personnel Services

Student's Name: _____ Birth date: _____

School of Attendance: _____ Grade: _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____ Other Phone: _____

(Work, cell, etc.)

I believe my child has a temporary disability that necessitates Home and Hospital Instruction.

Please describe disability: _____

I understand that the school cannot process this application until the Physician's Request for Home and Hospital Instruction form is completed by my physician/practitioner and returned to the Office Pupil Personnel Services. I understand this is a request, not a guarantee; if approved, the district has five (5) school days from receipt of the Physician's Request form to assign a teacher; and the teacher has an additional five (5) school days to begin teaching. I understand that my child will receive a maximum of five (5) hours a week of home teaching; that I am required to sign an attendance sheet each time the teacher meets with my student; and that a parent, guardian, or other adult relative **over 21** must be at home at all times. I authorize my physician/practitioner to release information regarding my student to the school nurse, site health technician, and/or other designated school/district personnel. **ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.**

Signature of parent/guardian _____ **Date** _____

Special instructions or considerations: _____

DISTRITO ESCOLAR UNIFICADO DE JURUPA – SERVICIOS DE PERSONAL AL ALUMNO
Petición Paternal para Recibir Instrucción en el Hogar y/u Hospital
Año Académico 2019-2020

Padre/Tutor favor de completar formulario — **imprima en letra de molde**

Devuelva a la Escuela de su Estudiante o Servicios de Personal al Alumno

Nombre del Estudiante: _____ Fecha de Nacimiento: _____

Escuela de Asistencia: _____ Grado: _____

Nombre de Padre/Tutor: _____

Domicilio: _____

Teléfono del Hogar: _____ Otro Teléfono: _____
(trabajo, celular, etc.)

Yo creo que mi hijo tiene una discapacidad temporal que requiere Instrucción en el Hospital/Hogar

Favor de describir la discapacidad: _____

Entiendo que la escuela no puede procesar esta solicitud hasta que el formulario de la Petición del Médico de Instrucción de Hospital y Hogar sea completado por mi médico y regresado a la Oficina de Servicios del Personal al Alumno. Entiendo que esta es una petición, no una garantía, y que si es aprobado el distrito tiene cinco (5) días escolares del recibo de este formulario para asignar a un maestro. El maestro tiene cinco (5) días escolares adicionales para comenzar a dar clases. Entiendo que mi hijo recibirá un máximo de cinco (5) horas de instrucción en el hogar por semana, que debo firmar una hoja de asistencia cada vez que el maestro se reúna con mi estudiante, y que un padre, tutor, u otro pariente mayor de 21 años de edad debe estar en casa siempre. Autorizo a mi médico proporcionar información en cuanto a mi estudiante a la enfermera escolar, su asistente, y/u otro personal designado de la escuela/Distrito. **TODA LA INFORMACIÓN SE MANTENDRÁ ESTRICTAMENTE CONFIDENCIAL.**

Firma del Padre/Tutor _____ **Fecha** _____

Instrucciones o consideraciones especiales _____

JURUPA UNIFIED SCHOOL DISTRICT – PUPIL PERSONNEL SERVICES
Physician Request for Home and Hospital Instruction
2019-2020 Academic Year

PARENT/GUARDIAN: RETURN COMPLETED PHYSICIAN'S REQUEST TO PUPIL PERSONNEL SERVICES

4850 PEDLEY RD. JURUPA VALLEY, CA 92509

PHONE 951-360-4137; FAX 951-360-4143

Student's Name: _____ Birth date: _____

Student ID: _____ School: _____ Grade: _____

Special Education Services:

Active Section 504 Plan:

Parent(s) Name: _____ Home Address: _____
(Print Last, First Name)

Home Phone: _____

Other Phone: _____

As the parent/guardian of this student, I understand the physician below may be contacted by the school nurse or other designated school personnel as needed for clarification; and that this form is a recommendation and not a guarantee of placement into Home and Hospital Instruction. Jurupa Unified School District reserves the right to seek a second opinion through a district-authorized physician.

Parent/Guardian Signature: _____

Date: _____

PHYSICIAN'S RECOMMENDATION AND CERTIFICATION

(Print Only)

All information will be kept confidential. Please use exact dates

This request cannot be processed unless ALL information is provided. Incomplete certification forms will be returned to you for completion. This request is to be used during the 2019-2020 school year.

*****Note: Physician must submit a written request for extension prior to the end date, if the student's disability exceeds the initial Home and Hospital end date.***

I certify that this student has a diagnosed temporary medical, psychological, or emotional disability which prevents this student from being in school for any period of time.

Beginning Home and Hospital Date _____ End Home and Hospital Date _____ Is this child contagious? _____

A specific medical diagnosis must be provided for this student to be considered for Home and Hospital Instruction. Emotional or psychological disabilities must qualify under the DSM-IV criteria and must be diagnosed by a **mental health** professional able to prescribe medication.

Specific diagnosis: _____ **Comment:** _____

Please Circle One

Is this child **able** to leave the home to receive instruction for one hour per week during or after school? Yes No

Could this student benefit from a shortened/modified school day **instead** of Home and Hospital? Yes No

Are there medications that would enable this child to attend school? Yes No

Current medications/doses/times given: _____

I certify that this student is totally unable to attend school, for even one hour a week, due to the medical reason(s) stated and that he/she requires instruction at home as the only educational alternative. Please be advised that doctors can be subpoenaed if indications develop contradicting the student's inability to leave the home except for medical reasons.

Physician's Signature _____ Date _____ Phone _____ Fax _____

Please print/stamp: _____
Physician's Name

_____ Hospital/Office Address

DISTRITO ESCOLAR UNIFICADO DE JURUPA-SERVICIOS DE PERSONAL AL ALUMNO
Solicitud Médica para Recibir Instrucción en el Hogar y/u Hospital
Año Académico 2019-2020

PADRE/TUTOR: REGRESE EL FORMULARIO DEL MÉDICO COMPLETADO A SERVICIOS DE PERSONAL AL ALUMNO
4850 PEDLEY RD. JURUPA VALLEY, CA 92509
TELE 951-360-4137; FAX 951-360-4143

Nombre del Estudiante: _____ Fecha de Nacimiento: _____

Identificación del/de la Alumno/a: _____ Escuela: _____ Grado: _____

Servicios de Educación Especial: Plan de Sección 504 Existente:

Nombre del Padre(s): _____ Domicilio _____
(Imprima su Apellido, Primer Nombre)

Teléfono del Hogar: _____ Otro Teléfono: _____

Como el padre/tutor de este estudiante, entiendo que el médico abajo puede comunicarse con la enfermera escolar, asesor de médico escolar, u otro personal escolar designado para obtener una aclaración. Este formulario es una recomendación y no una garantía para colocar en Instrucción en el y Hogar y/u Hospital. El Distrito Escolar Unificado de Jurupa reserva el derecho de obtener una segunda opinión por un médico autorizado del Distrito.

Firma del Padre/Tutor: _____ Fecha: _____

PHYSICIAN'S RECOMMENDATION AND CERTIFICATION

(Print Only)

All information will be kept confidential. Please use exact dates

This request cannot be processed unless ALL information is provided. Incomplete certification forms will be returned to you for completion. This request is to be used during the 2019-2020 school year.

*****Note: Physician must submit an extension date, if the student's disability exceeds the Home and Hospital end date***

I certify that this student has a diagnosed temporary medical, psychological, or emotional disability which prevents this student from being in school for any period of time.

Beginning Home and Hospital Date _____ End Home and Hospital Date _____ Is this child contagious? _____

A specific medical diagnosis must be provided for this student to be considered for Home and Hospital Instruction. Emotional or psychological disabilities must qualify under the DSM-IV criteria and must be diagnosed by a **mental health** professional able to prescribe medication.

Specific diagnosis: _____ Comment: _____

Please Circle One

Is this child **able** to leave the home to receive instruction for one hour per week during or after school? Yes No

Could this student benefit from a shortened/modified school day **instead** of Home and Hospital? Yes No

Are there medications that would enable this child to attend school? Yes No

Current medications/doses/times given: _____

I certify that this student is totally unable to attend school, for even one hour a week, due to the medical reason(s) stated and that he/she requires instruction at home as the **only** educational alternative. Please be advised that doctors can be subpoenaed if indications develop contradicting the student's inability to leave the home except for medical reasons.

Physician's Signature _____ Date _____ Phone _____ Fax _____

Please print/stamp: _____
Physician's Name Hospital/Office Address

**JURUPA UNIFIED SCHOOL DISTRICT
PUPIL PERSONNEL SERVICES 2019-2080**

Student ID: _____
DOB: _____

Home and Hospital Teacher Acceptance of Assignment - First/Second Student

			<input type="checkbox"/> YES <input type="checkbox"/> NO Special Ed.
Student's Last, First Name	School of Attendance	Grade	

Beginning/Estimated End Dates	PRINTED Instructor Last, First Name	Instructor's School

- I have been offered a Home and Hospital Instruction assignment for the student above. I agree to abide by the Education Code sections and Board policies and regulations regarding Home and Hospital Instruction. I understand that to terminate this assignment, I must provide at least **ten (10) days written notice** to Pupil Personnel Services and the student's site administrator by completing the Pupil Personnel Services **Resignation of Assignment**. Initial _____
- I understand that Home and Hospital is a voluntary assignment. Initial _____
- I certify that I will not have more than two (2) Home and Hospital students including this one. If I wish to obtain permission to have a third Home and Hospital student, I understand that I must complete **Request for Third/Additional Students** and that my request must be approved by my administrator and Pupil Personnel Services. Initial _____
- I understand that instruction must take place between 6:30 a.m. and 9:00 p.m. but that it must be scheduled outside my contractual day (i.e. not during my prep period or lunch break). Initial _____
- I understand that instruction cannot take place on Sundays, holidays or non-student days and that the days and times must be mutually agreed upon by me and the parent/guardian. Initial _____
- I understand that if I have been assigned two (2) students in the same home, I must provide separate hours of instruction for each student. Initial _____
- I understand that a maximum of five (5) hours of Home and Hospital Instruction a week are to be provided, unless special permission is granted previously in writing by Pupil Personnel Services. Since each hour of Home and Hospital is equivalent to one day of classroom instruction, **hours of Home and Hospital taught cannot exceed actual days of school in any week**. In case of illness or other cancellation, hours cannot be made up outside of the week the hours were missed. Initial _____
- I understand that a Course Study Plan of expected work for credit must be created and that all work completed must be graded and with samples submitted to Pupil Personnel Services at the end of the period of instruction and/or at the end of the grading period(s). Initial _____
- I understand a Grade Report for each student is to be submitted to Pupil Personnel Services by the District's mark reporting deadline, or, within three (3) days of the termination of home and hospital. I understand a copy of grade report must also be provided to parent/guardian. Initial _____
- I will submit an original copy of the true and correct attendance sheet, time card, and mileage request to Pupil Personnel Services for processing. Requesting mileage reimbursement is optional. Initial _____
- I understand I am to have the parent/guardian sign the attendance sheet at the end of every visit and will neither ask for signatures before I have taught nor after in an attempt to recreate the form. If the parent/guardian/adult does not sign the attendance verification, I will contact Pupil Personnel Services. **Attendance sheets are legal documents subject to audit and must be accurate at all times.** Initial _____
- If the parent/guardian fails twice to have the student available and ready for instruction at the assigned time, the student's administrator and Pupil Personnel Services will be notified so further action may be taken. **(Use the "Teacher Notice of Concern" form.)** Initial _____
- **An IEP meeting must be held for a change of placement if the student receives Special Education Services.** If the student has a 504 Plan, a meeting must be held to review and modify accommodations, as necessary. Initial _____
- I have read and understand my responsibilities, pages 1-4 of the JUSD Home Hospital Handbook, "Home Hospital: Teacher Guidelines." Initial _____

I CERTIFY THAT I HAVE RECEIVED AND REVIEWED THE HOME AND HOSPITAL INSTRUCTION HANDBOOK AND AGREE TO ALL CONDITIONS CONTAINED THEREIN. I UNDERSTAND THAT IF I FAIL TO ABIDE BY ANY OF THESE TERMS, I MAY NOT BE ABLE TO CONTINUE AS A HOME HOSPITAL TEACHER. FURTHER, IF I FALSIFY OR ALTER ANY DOCUMENTS RELATED TO HOME HOSPITAL OR PROVIDE INSTRUCTION OUTSIDE THE PARAMETERS SET FOR THE PROGRAM, I MAY BE SUBJECT TO DISCIPLINARY ACTION. Initial _____

Teacher's Signature: _____ Date: _____

Director, Pupil Personnel Services Signature: _____ Date: _____

JURUPA UNIFIED SCHOOL DISTRICT – PUPIL PERSONNEL SERVICES
Home and Hospital Teacher Request for Third/Additional Student(s)
2019-2020 Academic Year

**Home and Hospital Instruction for this student by this teacher
may not begin until approval is obtained.**

Date of request: _____

Name of Home and Hospital teacher: _____

Teacher's school: _____

Name of student requested: _____

School of attendance: _____ Grade _____

Does this child receive Special Ed. services? Yes No Speech Therapy Other : _____

Does this child have an active 504 Plan? Yes No

Reason for request: _____

Signature of Home and Hospital teacher: _____

NOTE: THIS A REQUEST ONLY. HOME AND HOSPITAL INSTRUCTION WITH A THIRD STUDENT SHALL NOT COMMENCE UNLESS APPROVAL HAS BEEN OBTAINED THROUGH PUPIL PERSONNEL SERVICES.

Pupil Personnel Services:

Approved Denied Signature: _____ Date: _____

Home and Hospital teacher notified by: _____ Date: _____

A Home and Hospital teacher will not be compensated for providing instruction until the request for a third student is approved by Pupil Personnel Services.

JURUPA UNIFIED SCHOOL DISTRICT – PUPIL PERSONNEL SERVICES
Home and Hospital Instruction Course Study Plan
2019-2020 Academic Year
Kindergarten through 6th Grade
Fax a copy to Pupil Personnel Services, FAX (951) 360-4143

Student Name: _____ Student ID. : _____

DOB: _____ School of Attendance: _____ Grade: _____

Name of Classroom Teacher: _____

Home and Hospital Teacher: _____

Estimated Home and Hospital starting date: _____ Estimated ending date: _____

ELEMENTARY:

Trimester 1st 2nd 3rd

The following should be taught for student to remain on target with his/her class or for promotion to next grade:

<i>Current Classroom Subject Titles (i.e. Math, Language Arts)</i>	<i>Subject Titles to Be Continued in Home Hospital</i>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.

Signature, Home/Hospital Teacher Date

Signature, Student's Administrator Date

Signature, Student's Classroom Teacher Date

JURUPA UNIFIED SCHOOL DISTRICT – PUPIL PERSONNEL SERVICES

Home and Hospital Instruction Course Study Plan

2019 -2020 Academic Year

9th through 12th Grade

Fax a copy to Pupil Personnel Services, FAX (951) 360-4143

This form must be completed each semester.

Student Name: _____ Student ID. : _____

DOB: _____ School of Attendance: _____ Grade: _____

Name of Classroom Teacher: _____

Home and Hospital Teacher: _____

Estimated Home and Hospital starting date: _____ Estimated ending date: _____

HIGH SCHOOL Is the student credit deficient? Yes No (If YES, SEE CREDIT RECOVERY PLAN-PAGE 23)

Semester(s) 1st 2nd Quarter(s) 1st 2nd 3rd 4th

The student may be approved to take up to three (3) additional classes while on home and hospital by the guidance administrator and counselor. Does the student need additional coursework?

Current No. of Credits Earned _____ No. of Credits Deficient _____

Exact Course Titles and Course Identification Numbers Must Be Used

Student's Current Schedule of Courses	Courses to be Continued While on Home and Hospital	Courses to be Substituted While on Home and Hospital
1. Course ID: _____	1. Course ID: _____ →	1. Course ID. _____
2. Course ID: _____	2. Course ID: _____ →	2. Course ID. _____
3. Course ID: _____	3. Course ID: _____ →	3. Course ID. _____
4. Course ID: _____	4. Course ID: _____ →	4. Course ID. _____
5. Course ID: _____	5. Course ID: _____ →	5. Course ID. _____
6. Course ID: _____	6. Course ID: _____ →	6. Course ID. _____

Signature, Home/Hospital Teacher Date

Signature, Student's Administrator Date

Signature, Student's Counselor Date

JURUPA UNIFIED SCHOOL DISTRICT – PUPIL PERSONNEL SERVICES
Home and Hospital Instruction
2019-2020 Academic Year
CREDIT RECOVERY

Fax a copy to Pupil Personnel Services, FAX (951) 360-4143

If the student is credit deficient, proposals allowing the student to earn up to an additional (15) credits/three (3) classes in one semester may be submitted to the guidance administrator. If the guidance administrator and Pupil Personnel Services approve a student's opportunity for credit recovery, the Home Hospital teacher must submit a grade report for the credit recovery classes by the mark reporting deadline(s).

Student Name: _____ Student ID. : _____

DOB: _____ School of Attendance: _____ Grade: _____

Name of Classroom Teacher: _____

Home and Hospital Teacher: _____

Estimated Home and Hospital starting date: _____ Estimated ending date: _____

Semester(s) 1st 2nd Quarter(s) 1st 2nd 3rd 4th

Current No. of Credits Earned _____

No. of Credits Deficient _____

Course Title	Course Identification No.	Number of Possible Credits To Be Earned
1.		
2.		
3.		

The above-mentioned student has been approved for Credit Recovery while on Home Hospital: Yes No

Approved by:

Date

Signature, Student's Counselor

Date

Signature, Home and Hospital Teacher

Date

JURUPA UNIFIED SCHOOL DISTRICT – PUPIL PERSONNEL SERVICES
GRADE REPORT DUE DATES
2019-2020 ACADEMIC SCHOOLYEAR

***All Home and Hospital grade reports are to be submitted to the student's school of attendance with a copy faxed to **Pupil Personnel Services at (951) 360-4143** by the dates listed below. If a student's home and hospital period has been terminated before the grading period has ended, you are still required to submit a grade report for the work completed within three (3) days of termination.

Grade Levels			
K-6	7-12	DSA	NVHS
Due Dates	Due Dates	Due Dates	Due Dates
10/25/2019 <i>1st Trimester</i>	9/18/2019 <i>6th week progress</i>	09/23/2019 <i>1st Trimester Progress</i>	09/06/2019 <i>1st Qtr. Progress</i>
		10/25/2019 <i>1st Trimester Report Card</i>	10/4/2019 <i>1st Qtr. Report Card</i>
	11/1/2019 <i>12th week progress</i>		11/1/2019 <i>2nd Qtr. Progress</i>
	12/20/2019 <i>18th week 1st Semester Report Card</i>	12/20/2019 <i>2nd Trimester Report Card</i>	12/20/2019 <i>2nd Qtr. Report Card</i>
2/21/2019 <i>2nd Trimester</i>	2/26/2020 <i>24th week progress</i>	2/21/2020 <i>3rd Trimester Progress</i>	2/7/2020 <i>3rd Qtr. Progress</i>
	4/15/2020 <i>36th week/2nd Report Card</i>	4/15/2020 <i>4th Qtr. Progress</i>	3/13/2020 <i>3rd Qtr. Report Card</i>
5/29/2020 <i>3rd Trimester Report Card</i>	5/28/2020 <i>36th week/2nd Semester Report Card</i>	5/29/2020 <i>4th Trimester Report Card</i>	4/24/2020 <i>4th Qtr. Progress</i>
5/29/2020 <i>Last Day of Instruction</i>	5/28/2020 <i>Last Day of Instruction</i>	5/29/2020 <i>Last Day of Instruction</i>	5/28/2020 <i>Last Day of Instruction</i>

****Home and Hospital instructors who are teaching secondary students (7th – 12th) are required to provide the EXACT Course Title and Course Identification Number on Grade Reports.**

JURUPA UNIFIED SCHOOL DISTRICT – PUPIL PERSONNEL SERVICES
Home and Hospital Instruction Grade Report
2019 - 2020 Academic Year
Kindergarten through 6th Grade

Instructions for the Home and Hospital teacher: Complete this report at the end of each **grading period**, or end of Home and Hospital assignment, as applicable to this student. If the Home and Hospital assignment ends before the completion of the grading period, you are to report the current work and grades in progress. **Submit the original grade report to the student's school site. Provide a copy to Pupil Personnel Services, to the parent/guardian, and keep a copy for your records.**

Student's Name: _____ Student ID. No.: _____

School of Attendance: _____ Grade: _____

Dates of Home and Hospital Instruction this report covers: _____

NOTE: Check the applicable box: Trimester: 1st 2nd 3rd

Name of Home and Hospital Teacher: _____

<i>Subject (List Exact Subject Title)</i>	<i>Summary of Work Completed</i>	<i>Letter Grade</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Comments:

--	--

Signature of Home/Hospital Teacher

Date

JURUPA UNIFIED SCHOOL DISTRICT – PUPIL PERSONNEL SERVICES
Home and Hospital Instruction Grade Report
2019 - 2020 Academic Year
7th through 8th Grade

Instructions for the Home and Hospital teacher: Complete this report at the end of each **grading period**, or end of Home and Hospital assignment, as applicable to this student. If the Home and Hospital assignment ends before the completion of the grading period, you are to report the current work and grades in progress. **Letter grades must be awarded. “Pass” or “Fail” grades are not accepted. Submit the original grade report to the student’s school site. Provide a copy to Pupil Personnel Services, to the parent/guardian, and keep a copy for your records.**

Student’s Name: _____ Student ID. No.: _____

School of Attendance: _____ Grade: _____

Dates of Home and Hospital Instruction this report covers: _____

NOTE: Check the applicable box: Semester 1st 2nd

Name of Home and Hospital Teacher: _____

Home and Hospital Teacher: Exact Course Titles and Course Identification Numbers Must Be Used.

Subject (List Exact Subject Title)	Summary of Work Completed	Letter Grade (No Pass or Fail Grades)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
Comments:		

Signature of Home/Hospital Teacher

Date

JURUPA UNIFIED SCHOOL DISTRICT – PUPIL PERSONNEL SERVICES

Home and Hospital Instruction Grade Report

2019 - 2020 Academic Year

9th through 12th Grade

Instructions for the Home and Hospital teacher: Complete this report at the end of each **grading period**, or end of Home and Hospital assignment, as applicable to this student. If the Home and Hospital assignment ends before the completion of the grading period, you are to report the current work and grades in progress. **Letter grades must be awarded. "Pass" or "Fail" grades are not accepted. Submit the original grade report to the student's school site. Provide a copy to Pupil Personnel Services, to the parent/guardian, and keep a copy for your records.**

Student's Name: _____ Student ID. No.: _____

School of Attendance: _____ Grade: _____

Dates of Home and Hospital Instruction this report covers: _____

NOTE: Check the applicable box below

1st Semester 2nd Semester 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter
 6th week 12th week 18th week 24th week 30th week 36th week

Name of Home and Hospital Teacher: _____

Home and Hospital Teacher: Exact Course Titles and Course Identification Numbers Must Be Used.

Course Title	Course ID	Summary of Work Completed	Letter Grade (No Pass or Fail Grades)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
Credits earned at end of Grading Period:			

Signature of Home/Hospital Teacher

Date

Teacher comments:

JURUPA UNIFIED SCHOOL DISTRICT – PUPIL PERSONNEL SERVICES
Home and Hospital Resignation of Assignment
2019 - 2020 Academic Year

***** FAX to Pupil Personnel Services, (951) 360-4143 *****

Today's Date: _____

Effective Date: _____

Teacher must allow at least ten (10) school days so another teacher can be assigned

Home and Hospital Teacher: _____

COMPLETE THIS FORM WHEN RESIGNING AN ASSIGNMENT, EVEN IF YOU HAVE NOT YET VISITED OR CONTACTED THE STUDENT/FAMILY TO BEGIN INSTRUCTION. IT IS THE RESPONSIBILITY OF THE RESIGNING TEACHER TO NOTIFY ADMINISTRATIVE SERVICES. HOME HOSPITAL INSTRUCTION IS A VOLUNTARY ASSIGNMENT.

I am resigning the Home and Hospital instruction assignment for:

Name of student: _____

Student's school: _____ Grade: _____

(Please check the applicable box):

I HAVE CONTACTED OR VISITED THIS STUDENT/FAMILY TO BEGIN INSTRUCTION

I HAVE NOT CONTACTED THIS STUDENT/FAMILY TO BEGIN INSTRUCTION

I am taking this action for the following reason(s): _____

Signature, Home and Hospital Teacher

Date

Rec. Pupil Personnel Services Date: _____

JURUPA UNIFIED SCHOOL DISTRICT – PUPIL PERSONNEL SERVICES

Home and Hospital Instruction

Mileage Expense Claim 2019 - 2020

Home and Hospital Teacher’s Last, First Name

Student’s Last, First Name

BUDGET: Regular Ed. = 03-500-0000-0-3301-1000-5210
 Special Ed. = 06-500-6500-0-5770-1130-5210

Teacher: Complete this form, sign, and forward to Pupil Personnel Services for processing.
 Must be submitted with current time card and attendance sheet.

**Home and Hospital Instructors must include full address. A “Map Quest” or other mapping programs verifying distance to each location must be submitted with all 1st time submissions.*

USE ONE SHEET PER STUDENT – DO NOT COMBINE

DATE	FROM Use Exact Address	TO Use Exact Address	NOTES	TOTAL MILES

TOTAL MILES: _____

I CERTIFY THAT THE MILEAGE LISTED WAS NECESSARY TO PERFORM MY DUTIES AS ASSIGNED AND THAT I CURRENTLY HAVE THE MINIMUM AUTOMOBILE LIABILITY, BODILY INJURY AND PROPERTY INSURANCE COVERAGE REQUIRED BY CALIFORNIA STATE LAW

Teacher’s Signature

Reviewed by CWA Technician

Director of PPS, Signature

JURUPA UNIFIED SCHOOL DISTRICT – PUPIL PERSONNEL SERVICES

Home and Hospital Instruction Teacher Notice of Concern

Teacher: Complete and fax to Pupil Personnel Services, (951) 360-4143

I have been unable to fulfill the Home and Hospital Instruction requirements. I am asking for District intervention to assist with the family so I can provide instruction.

Student's Name: _____ Phone Number: _____

Address: _____

Parent/Guardian: _____

School of Attendance: _____

I have been unable to make contact/keep appointment with student:

Attempts to contact: _____
(dates) _____

Attempts to meet: _____
(dates) _____

Please describe your attempts and your results: _____

Students are to be available for Home and Hospital Instruction for a period of five hours a week. Any changes to the instructional times arranged must be changed in advance. If the teacher is unable to make contact or if the student is not available to teach, Pupil Personnel Services must make attempts to contact the family before services are discontinued.

Pupil Personnel Services Use Only

Date Received

Date School Administrator notified of concern

Dates attempted to contact parent by phone

Result

Date concern letter mailed to parent

Result

Date H-H discontinuance letter mailed to parent

Date School Administrator notified of H-H discontinuance

Date H-H teacher advised of discontinuance

TIMECARD AND ATTENDANCE SCHEDULE 2019 - 2020

- Attendance sheets & timecards must be submitted monthly.
- **Hours of Home and Hospital instruction may not exceed the actual number of school days in a given week. Home and Hospital instruction hours will not be counted for any non-student day. It is the teacher's responsibility to ensure that maximum weekly hours are not exceeded.**
- Visits are to be one to three hours long, except in cases where the child's health will not allow a full hour of instruction. Teaching is to be accomplished between 6:30 a.m. and 9:00 p.m. Monday through Saturday. There will be NO instruction given on Sundays, holidays, or holiday weekends. You cannot be compensated for time preparing or planning for a lesson or grading the student's assignments.
- Instruction cannot be given during your contracted work day (i.e. during your prep period or lunch break).
- **Parent/guardian is to sign at the end of each of your visits.** Do not ask parents to sign before instruction is given. Attendance Verification sheets document time already spent with the student, not in advance or in anticipation of a scheduled appointment. Attendance Verification sheets are legal documents and subject to audit, so it is imperative they are accurate. **Only** direct instruction will be compensated.
- You must completely fill in the top portion on every attendance sheet. If the student is in a Special Education program, be sure to mark the correct box. This is extremely important for our ADA accounting and auditing.

School Month	Attendance dates	Home and Hospital Teaching Days			Due to Administrative Services by 12:00 noon on date below	Paid on
		K-6	7-8	9-12		
1 & 2	8/7/19 - 9/7/19	27	27	27	9/10/19	9/30/19
2 & 3	9/9/2019 - 10/5/2019	24	24	24	10/7/19	10/31/19
3 & 4	10/7/19 - 11/2/19	21	24	24	11/4/19	11/29/19
4 & 5	11/4/19 - 11/30/19	17	17	17	12/2/19	1/2/20
5	12/2/2019 - 12/20/2019	17	16	16	12/20/19	1/31/20
6 & 7	1/13/20 - 2/1/20	17	17	17	2/3/20	2/28/20
7 & 8	2/3/20 - 3/7/20	24	24	24	3/9/20	3/31/20
8 & 9	3/9/20 - 4/4/20	18	18	18	4/6/20	4/30/20
10 & 11	4/6/20 - 5/02/20	24	24	24	5/4/20	5/29/20
11	5/4/2020 - 5/29/2020	21	22	22	5/29/20	6/30/20
ESY	TBD*	20	20	20	TBD*	TBD*
ESY	TBD*	24	24	24	TBD*	TBD*

SAMPLE: Regular Employee Extra Time Report Time Card

The image below provides a sample for how your Home and Hospital Instruction timecard (blue) should be completed.

Completing your Home Hospital timecards in this fashion allows for more efficient processing.

Jurupa Unified School District REGULAR EMPLOYEE EXTRA TIME REPORT		
Name	Teacher's Last, First Name _____ Month _____ Current Month _____	
Regular Assignment:	Teacher's Home School Site _____	
Program to be charged	Please Leave It BLANK (Budget Purposes)	
Date	Hours	Description of Work
DD/DM/YYYY	15m = .25	Home Hospital Instruction
	30m = .5	
	45m = .75	Student's Last, First Name
	60m = 1	
Total Time	Please Leave It BLANK	I hereby certify that I have worked for the Jurupa Unified School District on the days and the hours as stated above.
Rate	_____	
Amount Earned	_____	Signature _____ Teacher's Signature
		Verified _____ Please Leave It BLANK
This work has been approved in advance in accordance with procedure #8.		
Approved _____		
No. 182 Revised 9/73		

If you have further questions or concerns, please contact (951)360-4137. Remember, all H/H timecards shall be submitted by their monthly deadlines (See page 32).